1997-10-23 - 2003-09-21 RRFU Core History and KES-bb Corrections 2-UP

This is the “Core History” prepared at the Rochester Regional Forensic Unit in October of 1997 during my examination at that facility following my acquittal on grounds of insanity for the offense of Arson on February 5, 1997. The Core History is supposed to represent a person’s life and career as a tool for use by clinicians in assessing mental patients.

This document is remarkable both for the volume and nature of the errors contained in it, where almost *no* proper names of treatment providers are spelled correctly - for starters? As well as the fact that my provably excellent work history as a Network Systems Programmer/ Analyst at Cornell University and author of COMET – the Cornell Macintosh Terminal Emulator – was unreasonably defamed in a libelous fashion!

This document was started in 1997, but I wasn’t permitted to view it until September of 2003 after requesting permission to do so while an inpatient there; I was horrified that this travesty of my history had been guiding treatment decisions, and prepared these notes with my corrections for the treatment staff at the RRFU.

Sincerely,

Bonze Anne Rose Blayk
November 12, 2018

CORE HISTORY (INPATIENT)	Patient Name:	**Saunders, Kevin E.**
	C#:	085 274

Date Started:	10/23/97	Gender:	Male
Date Updated:	5/28/03	Date of Birth:	5/1/56
		Unit/Ward:	**RFU/059** **Inpatient Exam**
		Facility:	Rochester Psychiatric Center

Instructions: Complete within five (5) days of admission to the extent possible. Update as needed. Include signature, title, and date for all new entries.

1. ALERTS List risk factors including danger to self/others, CPL status, phys. health conditions/needs, allergies, etc.

Patient was admitted to the Rochester Regional Forensic Unit (RRFU) on 1/30/98 for a 330.20 inpatient exam at the request of this agency. Patient has been living in the community apparently without incident since shortly after the instant offense, which indicates a very low risk for any aggressive behaviors or escape.

Updated: 5/28/03

Mr. Saunders was recommitted on a 330.20 recommittment order due to non-compliance to orders of condition . His recommittment is for 6 months . He was hospitalized at Elmira Psychiatric Center where he reportedly assaulted a staff member.

Betty Golphin, SWII

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2. HISTORY

Source of Information/ Reliability: Historical information came from the telephone interview with the patient on 10/23/97 and paper work written by the patient and submitted to this agency by him following that date and several interviews with the patient following his 1/30/98 admission to this unit. This information appears to be accurate in many respects, particularly in regard to the therapy that the patient has received over the past few years, but other information submitted by the patient may be less than objective. There was a review of the records from Anna Matusiewicz, OPD, a private therapist the patient saw in 1993; reports from Alan Stotz, a therapist the patient saw in 1992 at Children and Family in Ithaca, NY; notes from a Dr. Stackman, a private therapist the patient saw between 12/96 and 1/97; notes from the Cayuga Hospital Emergency Department from January to March 1997; also reviewed were psychiatric reports from a Dr. Lesswig, defense Psychiatrist expert, Dr. Povenelli, the prosecution's clinical Psychologist, and a Dr. Besrigain, Psychologist. All the records appear to be reliable, but the patient disagrees with many of the diagnoses that were made during the course of his treatment with some of these therapists.

Updated 5/28/03:
Patient interview and accompanying records, Alice Richardson, patient's housemate.

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These notes contain corrections to and comments on the RPC/RFU Inpatient Core History dated 10/23/97, and updated 5/28/03. **Boldface** is used to highlight assertions in the Core History which are egregiously incorrect.

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¶ 3 “Anna Matusiewicz, OPD” should be “M.D.;” she was a private *psychiatrist* seen in 1993.
“Alan Stotz” should be “Ellen Stotz” (of Ithaca’s Family and Children’s Service), seen for 12 sessions on an EAP referral from Cornell University.
“Dr. Stackman” should be “Fran Markover” from the dates given.
“Cayuga Hospital” should be “Cayuga Medical Center.”
“Dr. Lesswig” should be “Dr. Lesswing.”
“Dr. Povenelli” should be “Dr. Povinelli.”
“Dr. Besrigain” should be “Dr. Bezirganian.”

CORE HISTORY (INPATIENT)	Patient Name: C#:	**Saunders, Kevin E.** 085 274

A. Legal/Criminal Procedure Law (CPL) Status (Include civil litigation with treatment implications; arrests & circumstances; current/pending charges; convictions; periods of incarceration, probation, parole; conditions of CPL status; name/telephone number of attorney. Indicate relationship between legal issues & mental health.)

The New York State (NYS) crimnet requested on 2/2/98 was reviewed and the following information was provided: The NYS ID # 08493564N; FBI # 892819DB6; Social Security # 431-88-9647. The crimnet list four events:

Event #1: 12/22/96 was an arrest; charges unknown, but two Class U Misdemeanors; patient was convicted with a plea bargain on 10/97; paid a $500 fine and his license was suspended for 90 days.

Event #2: An arrest on 12/29/96 in Tompkins County for Criminal Possession of a Weapon, 4th Degree - a Class A Misdemeanor, two counts; no disposition has been reported.

Event #3: 2/6/97 in Dryden, NY; an arrest for Arson, 3rd Degree - a Class C Felony; court action is not listed; patient was arraigned on 2/6/97.

This third event was evidently the instant offense for which the patient made and was granted a 330.20 plea. The patient was released on his own recognizance from the jail and was residing at home until he entered RRFU on 1/30/98 for the 330.20 dangerousness exam.

An alias used by the patient is Bonze Blayk. His last address is 1668 Trumansburg Rd., Ulysses, NY.

Patient's lawyer is Margaret McCarthy, a Public Defender for Tompkins County, (607) 275-0531.

The patient does not have a clearly defined mental health diagnosis yet. Making that diagnosis is part of the process that he will be involved in while he is on this unit. The patient believes that the instant offense was triggered by a variety of complex circumstances including postictal psychosis. Patient has not received a professional diagnosis of Seizure Disorder, so that diagnosis is still unclear. Therefore, it is difficult at this time to develop a theory of whether or not mental illness has affected the patient's criminal behavior.

Updated 5/28/03

Patient's crimnet was reviewed and is unchanged since last documentation. He received a 330.20 commitment which was due to expire 5/6/03 . He was admitted to Elmira Psychiatric Center on 4/4/03 for violation of Order of Condition. He medication non-compliant as well as continued to use marijuana and assaulted a staff member at EPC.(patient denies memory of the assault). There is no indication charges were filed by staff .

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B. Mental Health Include the following:

- History of serious incidents.
- Known MH/MR diagnoses.
- Family history of mental illness.
- Lethality history including violence to self or others.
- History of physical abuse/neglect as victim or abuser
- Sexual history including abuse/exploitation as victim or abuser, high-risk behaviors for HIV.
- Previous MH/MR treatments including precipitating events, dates, providers, medications, and outcomes. (Attach the Movement History from DMHIS, if available).

The patient reports that he did not receive any kind of mental health treatment, nor did he see a need for such, until 1979 or '80, when he saw someone for a few sessions at Children and Family Services in Ithaca, NY, regarding problems with depression. Those records are not available.

¶ 1 "The crimnet list [sic] four events:" – three events are listed here; no other criminal charges have ever been brought against me.

¶ 2 Event #1: Note: These charges were DWI, DWI per se, and speeding 55 in a 30 zone. Patient was convicted on a plea of guilty to DWAI.

¶ 3 Event #2: Note: These charges were dismissed.

¶ 4 Event #3: Note: The 330.20 plea was accepted by the DA and the judge in July 1997.

¶ 8 "The patient believes that the instant offense was triggered by a variety of complex circumstances including postictal psychosis." Incorrect: I had stated that I believed that postictal psychosis *might* have caused the psychotic symptoms I experienced around the time of the arson, not that it definitely *was* a cause.

¶ 9 **"He was admitted to Elmira Psychiatric Center on 4/4/03 for violation of Order of Condition [sic]."** Incorrect: I asked my friend Alice Richardson to order an ambulance for a voluntary psychiatric admission to Cayuga Medical Center on 4/4/03, and after arriving there I was committed to Elmira Psychiatric Center under a 2-PC commitment order.

CORE HISTORY (INPATIENT)	Patient Name: Saunders, Kevin E. C#: 085 274

In 1990, the patient had 12 sessions with the Employee Assistance Program (EAP) at Cornell University. These sessions were related to conflicts the patient was having with his boss. Records indicate that over the years the patient has often had conflicts with his employers and suggest an inability to work successfully in a supervised setting. The sessions with EAP ended on 6/11/92.

The patient's first extensive therapy began in 1992 when he saw Alan Stotz, a therapist at Children and Family Services for an extended number of visits. Patient displays a great deal of confidence in that therapist. He did not receive an Axis I diagnosis, but was being seen for a work adjustment issue and serious problems with his marriage.

Patient reports that he attended Family and Children's Service Mental Health Program from 1/29/92-6/12/92, where he was seeing a counselor regarding issues related to his impending divorce.

Patient saw a therapist, Anna Matusiewicz, OPD, from 5/93-12/93, primarily regarding the breakup of his marriage. The diagnosis the patient received during this time included Cyclothymia vs. Bipolar Disorder.

The patient returned to therapy again in 1996 when he went again to Family and Children's Services in Ithaca, NY, where he received outpatient therapy with an Amari Meader, MSW. During these 29 individual counseling sessions with this therapist, it was reported by her that the patient worked on trying to better understand and manage his vulnerability to depression and anxiety and his acute sensitivity to the world around him. After a time, the patient began a course of antidepressants. During these sessions the issue of continuous marijuana use was addressed, but the patient was unwilling to accept follow-up treatment. The therapist working with Mr. Saunders indicated in her closing summary a concern about what she saw as problematic behaviors including his DWI arrest, possession of unlicensed handguns and the Harassment charge from his girlfriend and reports of seizure-like activities on the part of the patient. The therapist's assessment of the patient's reactions to these events indicated a mounting level of paranoia, anxiety, or delusional thinking on the part of the patient. The patient was unwilling to accept any more comprehensive treatment and became fixed on the belief that those symptoms and behaviors were the result of Guillain-Barrè Syndrome. Due to the patient's unwillingness to accept further recommended treatment, the patient was terminated. Prior to termination, he was referred to an Alcoholism Counselor, Fran Markover, CSW, CAC, NCAC, for further counseling regarding drug use; a comprehensive physical; neurological evaluation; possible hospital-based inpatient dual diagnostic program.

Patient did go to Fran Markover for a drug and alcohol evaluation and she recommended working toward abstinence from marijuana and alcohol and all mood altering chemicals in order to allow for a more accurate evaluation of any underlying diagnosis, particularly mood disorder, and among other things, a treatment for the drug abuse, as well as drug and alcohol abuse, and was given the diagnosis of Cannabis Dependence and Alcohol Abuse. Fran Markover also supported all of the recommendations already presented by Amari Meader. The patient rejected all of the above recommendations except for those related to medical help.

From January 2-3, 1997, the patient went to the Emergency Room at Cayuga Hospital because, according to him, he was near physical collapse and he was having the most severe seizure he had ever had in his life, and he considered himself to be suffering from postictal psychosis, which he felt resembled symptoms of paranoid schizophrenia. During that hospitalization, it was recommended that he go to inpatient MICA treatment, which the patient refused.

On 1/7/97, the patient began the use of trazodone and reported that he felt calmer at first, but later developed (what he considered) physical symptoms related to the drug and stopped it on 1/14/97 and resumed marijuana use.

¶ 1 "In 1990, the patient had 12 sessions...": In fact, these were the 12 sessions in *1992* which took place as a result of the Cornell EAP referral (the only such referral from Cornell).

... **"Records indicate that over the years the patient has often had conflicts with his employers and suggest an inability to work successfully in a supervised setting."** This is ludicrous. My employment at Cornell University from 7/85 – 3/94 as a Network Systems Programmer with a long history of pay raises and substantial contributions to Cornell's computing initiatives obviously proves otherwise.

These contributions included COMET, the Cornell Macintosh Terminal Emulator, which was for almost a decade the standard application for accessing the Cornell library system's online card catalog, and the EZ-REMOTE Macintosh Internet dialup software installer. In addition I had a record of successful relationships with a broad range of Cornellians in my role as the designated backline support expert handling the most difficult Macintosh TCP/IP networking problems: I was the person who would contact users and if necessary make on-site visits when no-one else could solve a problem.

¶ 2 "The patient's first extensive therapy began in 1992 when he saw Alan [sic] Stotz..." This refers to the EAP sessions listed above as if they were a separate series of sessions.

¶ 3 "Patient reports that he attended Family and Children's Service Mental Health Program from 1/29/92 – 6/12/92, where he was seeing a counselor regarding issues related to his impending divorce." Again, these are the EAP sessions with Ellen Stotz, which did not deal with marital problems, and particularly not with divorce, which was not an issue until 3/93.

¶ 4 "The diagnosis the patient received during this time included Cyclothymia vs. Bipolar Disorder." Dr. Matusiewicz diagnosed and billed for treatment of an episode of moderate depression, the only formal diagnosis she made; she believed that I might suffer from bipolar disorder.

¶ 5 "The patient returned to therapy again in 1996..." This paragraph repeats Amari Meader's summary notes as if they were reliable, when she is not a trustworthy source of information. From June 1996 through January 1997 Ms. Meader fraudulently engaged me in "therapy," deceiving me by telling me my diagnosis was Dysthymic Disorder, while failing to inform me that diagnoses of Borderline Personality Disorder and Cannabis Dependence were also being made, and justifying a referral to Fran Markover for a Drug and Alcohol Evaluation on the grounds that "If you are dependent on cannabis we can't continue to treat you – we need an evaluation by an expert evaluator because we [at FCS] can't make a Cannabis Dependence diagnosis."

In the world of commerce, this is called the "bait and switch" tactic: promise one service, but deliver another. This is consumer fraud; this fraudulent conduct also violated my right to informed consent to treatment. This deception is apparent in the Treatment Plan, where the English text describes exploring alternatives to marijuana "use" rather than "abuse" or "dependence," while the DSM code indicates "Cannabis Dependence."

"During these sessions the issue of continuous marijuana use was addressed." In fact, discontinuing regular marijuana use was a condition for entering "therapy" with Ms. Meader, and from June through early October 1996 I was largely abstinent – one of a number of periods

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in my life during which I voluntarily refrained from smoking marijuana for periods of months at a time.

The History should note that Prozac was first initiated early in August 1996 at 10 mg/day, and was discontinued sometime in October due to problems with side effects.

¶ 6 I went voluntarily for a Drug and Alcohol Evaluation with Fran Markover (3 sessions) beginning 12/17/96 – "Fran Markover also supported all of the recommendations already presented by Amari Meader": This is false; Ms. Markover recommended that FCS continue to offer therapy with Amari Meader, not terminate it: Ms. Markover had stated from the outset of the evaluation that she was not available for further sessions beyond the evaluation.

The History should note that Prozac was resumed at 20 mg/day around 12/30/96, and Trazodone was initiated on 1/4/97 at 50 mg/day at bedtime for insomnia. Hydroxyzine Pamoate was prescribed on 1/16/97 as a sleeping aid after Trazodone was stopped on 1/11/97.

¶ 7 **"From January 2 – 3, 1997, the patient went to the Emergency Room at Cayuga Hospital because according to him, he was near physical collapse and he was having the most severe seizure he had ever had in his life, and he considered himself to be suffering from postictal psychosis, which he felt resembled symptoms of paranoid schizophrenia. During that hospitalization, it was recommended that he go to inpatient MICA treatment, which the patient refused."**

This is almost wholly incorrect, aside from the statement that I believed I was near physical collapse. I visited the ER at 5:15 AM the morning of January 11, 1997, complaining of heart palpitations, numbness in the extremities, dry mouth, urinary retention, and "generally feeling BAD." I made no mention of seizures, though it's true that I had experienced my first-ever brief convulsion a day or two prior. No "hospitalization" occurred. I did *not* believe I was suffering from postictal psychosis at that time: only later in May 1997 did I came across information which suggested the hypothesis that my psychosis on 2/6/97 might be related to the schizophreniform psychoses of epilepsy. Neither Dr. Scheiman nor the psychiatric nurse who interviewed me mentioned inpatient MICA treatment, much less "recommended" it.

I have the ER notes from 1/11/97, so I am quite certain these statements are erroneous. The ER notes themselves are not wholly reliable: the notes on my interview by the psychiatric nurse, Eric Stephens, contain the false assertion that I had a week earlier "scratched GF badly and pulled her along by her hair." He makes this claim, which contradicts what I told him, without noting any source for the assertion.
NB: With reference to Trazodone, the notes state: "... has had - S/E from Trazodone – dry mouth & difficulty urinating."

¶ 8 "On 1/7/97, the patient began the use of Trazodone... *but later developed (what he considered) physical symptoms related to the drug* and stopped it on 1/14/97 and resumed marijuana use." [my emphasis] Incorrect: Trazodone was started on or soon after 1/4/97, and then ended on 1/11/97 *immediately after* the ER visit, where I was told that I was having some side effects from the Trazodone, but not told that numbness could be among these.

I resumed using marijuana sometime after 1/14/97, as I soon thereafter grew terrified by the possibility that I might be suffering from a serious neurological illness which had been kept in remission by its use, and then I ended use on 1/28/97, believing that if I had such a disorder, cannabis use might affect the results of the Nerve Conduction Velocity test which I had scheduled with Dr. Stackman.

On 1/20, the patient began a neurological evaluation by Jodi Stackman, M.D.

On 2/6/97, the instant offense took place. Following his arrest that day, a police statement includes the quotation from the patient stating messages from the radio caused him to do it.

On 2/7/97, an evaluation was done by Karen Kalista, CSW, with a diagnostic impression that to R/O Psychotic Disorders, R/O Organic Disorders, Cannabis Dependent and Depressive Disorder, NOS, Alcohol Abuse and Personality Disorder, NOS.

On 2/11, Annette Brink, M.D., provided a psychiatric consult through the Tompkins County Mental Health Services within the jail setting. Her diagnoses of this patient was Psychosis, NOS; R/O Cannabis Induced Psychosis; Mood Disorder, NOS, Gender Identity Disorder; Cannabis Dependent; R/O Neurological Condition; and recommended a low dose of Risperdal.

The patient was released on bail on 3/20/97.

On 3/26/97, a normal nerve conduction velocity study was done with no evidence of neuropathy being found.

Dependent; R/O Neurological Condition, and recommended a low dose of Risperdal.

The patient was released on bail on 3/20/97.

On 3/26/97, a normal nerve conduction velocity study was done with no evidence neuropathy being found.

The patient further reported that he saw two other doctors in City Court following his DWI arrest; they were a Dr. Fuller and Dr. Laverienne. Both of those exams found him competent to stand trial and referred to the possibility of several diagnoses including Marijuana Dependence; Brief Psychotic Episodes; Gender Identity Disorder; Organic Mood Disorder.

On 6/14/97, two reports were submitted to the court with regard to the patient's 330.20 plea.

Patient notes that he feels he has a Gender Identity Disorder. He reports that he often wears women's clothes just for comfort, but wears women's formal attire in public sometimes because he enjoys it.

Updated 5/28/03

Mr. Saunders reports he was treated at Cayuga County Mental Health briefly, prior to his admission to Elmira. He denies the need for medication and is critical of any medication prescribed for him. While at Elmira, he refused to take medication. He states he did not need medication because he was no longer psychotic. He claimed to have been psychotic for 2-3 days but cleared before going top Elmira. Patient is ambivalent about whether he has a mental illness or not. He fluctuates between acknowledging he has an illness to denying he has an illness.

Betty Golphin, SWII

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C. Alcohol and Drug Use/Abuse Include the following:
(If any of the following are present, an Alcohol and Drug Use/Abuse Evaluation is indicated.)

- Patterns of use (substances, quantity, frequency)
- Functional impairment (interference with work, relationships, etc.)
- Physical/psychological effects (shakes, nausea, paranoia, delusions, suicidal behavior)
- Known diagnoses
- Previous treatments (dates, providers, and outcomes)
- Family history of use/abuse.

¶ 2 "Following his arrest that day, a police statement includes the quotation from the patient stating messages from the radio caused him to do it." Incorrect – although I was experiencing auditory hallucinations, they did not "cause" the arson, nor did I make any statement to that effect in my voluntary statement: I stated there that "I believed I was hearing messages through the radio."

¶ 4 "On 2/11, Annette Brink, M.D., provided a psychiatric consult through the Tompkins County Mental Health Services within the jail setting. Her diagnoses of this patient was [sic] Psychosis, NOS; R/O Cannabis Induced Psychosis; Mood Disorder, NOS, Gender Identity Disorder; Cannabis Dependent; R/O Neurological Condition; and recommended a low dose of Risperdal." I recall this interview, but was never informed of any diagnoses or treatment recommendations. (This raises a question for me – why was I not referred on a 508, if a psychiatrist believed I was suffering from psychosis? Why did I not receive further mental health support while in jail?)

¶ 6 "Dependent; R/O Neurological Condition; and recommended a low dose of Risperdal."
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¶ 8 "On 3/26/97, a normal nerve conduction velocity study was done with no evidence [sic] neuropathy being found."
These 4 lines are almost exact duplicates of lines found above, and are obviously the result of an error in editing.

¶ 11 "Updated 5/28/03": The Update should include the following information: From 5/98 – 3/02 I received services from Tompkins County Mental Health – Linda Riley CSW. From 4/02 – 5/03 I received outpatient services from Elmira Psychiatric Center – Janet Stevens CSW, and Tara Belsare, M.D.

¶ 12 "Mr. Saunders reports he was treated at Cayuga County Mental Health briefly, prior to his admission to Elmira." Incorrect: I sought voluntary admission to the Cayuga Medical Center psych unit on 4/4/03, but was shipped to the Elmira Psychiatric Center instead under a 2-PC.
"He denies the need for medication and is critical of any medication prescribed for him." Untrue: Sometimes I have obviously required psychiatric medication; I had not at the time of this interview heard any persuasive arguments that chronic administration of an antipsychotic medication might be required to prevent a recurrence of psychosis, but did state *at the time of this interview* that a prescription for a mood stabilizer might be reasonable.
"He claimed to have been psychotic for 2 – 3 days but cleared before going top [sic] Elmira." Incorrect: I was probably in psychotic states from 4/2 through 4/7, which includes several days while hospitalized in Elmira. I believed myself to have recovered from the psychosis on 4/8, and have always thereafter stated that as my belief.

"Patient is ambivalent about whether he has a mental illness or not. He fluctuates between acknowledging he has an illness to denying he has an illness." This is rooted in a misunderstanding: To begin with, there are at least two definitions of "mental illness" which apply here, the medical definition and the legal definition. I would have agreed at any time since 1993 that I suffer from a DSM-defined "mental illness" – a medical illness – of some kind, at a minimum, a tendency to suffer from depression, in particular reactive depression. Diagnosis of either Psychotic Disorder NOS or Bipolar Disorder NOS is reasonable in my case, etc., etc.

On the other hand, the legal definition of "mental illness" creates a standard in which an illness is of sufficient severity as to require "care, treatment, and rehabilitation" – a standard open to interpretation, since the Mental Hygiene Law in New York State does not define these terms. I do not believe that I require "rehabilitation" in the usual meaning of the term, since outside of a couple of unfortunate incidents of brief psychosis, I have been a responsible parent and citizen in addition to being highly productive in my professional life.

CORE HISTORY (INPATIENT)	Patient Name: C#:	**Saunders, Kevin E.** 085 274

The patient reports that he started using pot at the age of 21 and smoked occasionally between 18-21,

that he used alcohol intermittently, and on one occasion had way too much and had acute intoxication and therefore did not drink very much after that. The patient reports that he has been using cannabis almost continuously since the age of 21 and for several years he has smoked the equivalent of less than a joint a day using a pipe. The patient considers cannabis to be a treatment for all of the physical and neurological symptoms which he reports that he suffers from. Evidently, the only time the patient has been free from cannabis use is for a brief period from December of 1997 until January 15, 1997 and again for about 10 days prior to the instant offense. The patient reports that he had been free of cannabis for approximately ten days prior to his admission to this unit on 1/30/98 and he did test negative for marijuana when he returned to us from Strong in mid-February. Several therapists over the course of the patient's treatment have diagnosed him as being Alcohol or Cannabis Dependent, but he continues to reject that diagnosis claiming both the marijuana and the alcohol are used wisely and therapeutically by him. He has therefore, refused all suggestions for treatment, both outpatient and inpatient. Regarding other drug use, the patient reports that he experimented somewhat with cocaine, no more than a half a gram in 1978 when he was in California, that he tried mushrooms twice while he was in college in 1976, and that he has never used LSD. Patient continues to insist that while he uses marijuana regularly he does not consider himself to be cannabis dependent. The patient has never received any kind of treatment for alcohol or drug dependence, and when that was suggested recently by a therapist as a result of a drug evaluation, he refused that treatment.

Updated 5/28/03

Mr. Saunders denies he is addicted to Marijuana but admits to daily use . He states he could quit if he liked but he uses it because marijuana helps him to focus .
He does not believe he needs treatment in this area. He is aware his Order of Commitment includes staying away from substance .

Betty Golphin, SWII

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D. Physical Health (Summarize major physical health care issues or refer to Physical Examination and Assessment)

The patient reports a strong belief that he has a neurological problem known as Teshwin Syndrome because he claims all of the major symptoms including anger and aggressiveness, a bad temper without the violence, transgender, bizarre religious experiences, hypographia, an odd sense of humor, a philosophical nature, and paranoia. The patient was seen by a neurologist, Dr. Stackman, he did not agree with that diagnosis and instead gave the patient the diagnosis of Alcohol Dependence. The patient then came to the Neuromuscular Institute of the Strong Memorial Hospital where he saw a Dr. Touwiell, but also reports dissatisfaction with them since they did not validate his diagnosis.

Updated 5/28/03

Mr. Saunders has a history of hypertension .
Records from Elmira indicate patient has an abnormal liver profile which may be alcohol related.
All records are not yet available .

Betty Golphin, SWII

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E. Childhood/Developmental (Include any developmental milestones)

¶ 1 "The patient reports that he started using pot at the age of 21 and smoked occasionally between 18 – 21." Presumably the writer intended to state "he started using pot *regularly* at the age of 21 ...".

"The patient reports that he has been using cannabis almost continuously since the age of 21 and for several years he has smoked the equivalent of less than a joint a day using a pipe." Incorrect: There were a number of periods over which I abstained voluntarily from smoking cannabis for around 6 months or more at a time, in addition to the fairly frequent periods during which cannabis was not available due to disruptions in the supply chain. As stated elsewhere, I would generally use about ¼ gram/day when I was smoking, which is about ¼ of a joint.

"The patient considers cannabis to be a treatment for all of the physical and neurological symptoms which he reports he suffers from." Incorrect: I've stated that my use of cannabis was a form of self-medication since 1993, but prior to the bizarre symptoms I suffered in January 1997, I had always felt that it only helped in terms of improved mood. After January 1997 I feared that my use *might* indicate that I was using cannabis to suppress the symptoms of a serious neurological or immunological disorder (e.g., temporal lobe epilepsy, or a chronic relapsing polyneuropathy, possibly even Multiple Sclerosis – please note that I was correct in stating in 1998 that cannabis can be effective in controlling MS in some cases: an extract of whole cannabis developed by GW Pharmaceuticals has performed very well in clinical trials, and will almost certainly soon be approved as a treatment for MS in the UK).

"Evidently, the only time the patient has been free from cannabis use is for a brief period from December of 1997 until January 15, 1997 and again for about 10 days prior to the instant offense." This statement is false; the periods stated are correct, but as I have stated here and stated previously in 1998, over the years I sustained about half a dozen periods of prolonged voluntary abstinence. This error leads to completely false perceptions of my patterns of use and ability to control my use of cannabis.

"Several therapists ... have diagnosed him as being Alcohol or Cannabis Dependent..." Incorrect: No one has ever diagnosed Alcohol Dependence in my case.

¶ 2 "He is aware his Order of Commitment [sic] includes staying away from substance [sic]." I believe the Order of Conditions was unclear due to its wording, including use of the phrase "treatment *may* include" and inconsistent use of the terms "unauthorized" and "illicit" in the clauses referring to drug use and testing:

g) Refraining from indulging in the use of any unauthorized drugs and from indulging in the consumption of alcoholic beverages.

h) Submitting specimens for laboratory/sobriety screenings administered for the purpose of detecting the presence of unauthorized or illicit drugs or alcohol as directed by a physician.

Regarding the use of "may" within New York State, in the case of "Gerald D. Broder v. MBNA Corporation and MBNA America Bank, N.A." (Supreme Court of the State of New York, County of New York, Index No. 98/605153 IAS Part 49, Justice Herman Cahn), the Appellate Court supported on appeal the plaintiff's claim that "MBNA's solicitations were misleading because they stated that MBNA 'may' allocate payments to cash advance balances before purchase balances rather than state that MBNA 'will' allocate payments in that manner." The

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Court sustained plaintiff's claims for breach of contract and violation of the Consumer Protection Act in this case, claims based on this "misleading" use of the word "may," which is precisely analogous to the claim that "may" means "must" in the interpretation of the Order of Conditions.

¶ 3 "The patient reports a strong belief that he has a neurological problem known as Teshwin Syndrome because he claims all of the major symptoms including anger and aggressiveness, a bad temper without the violence, transgender, bizarre religious experiences, hypographia, an odd sense of humor, a philosophical nature, and paranoia."

Incorrect: I meet the criteria for "Geschwind Syndrome," behavioral markers which a minority of neurologists believe may indicate the presence of left temporal lobe epilepsy (TLE). These markers are:

- Hypergraphia (or, more generally, circumstantiality),
- Heightened interest in philosophical and/or religious issues,
- Anger (characterized by verbal outbursts rather than violent behaviors),
- Altered sexuality, and
- "Stickiness" or "viscosity," a tendency to display a more intense style in interpersonal interactions than usual.

"Paranoia," "aggressiveness," and "bizarre religious experiences" can be symptoms of complex partial seizures, but are not included in Geschwind Syndrome, which associates certain persistent behavioral traits with TLE; I don't believe these additional traits characterize me correctly.

"The patient was seen by a neurologist, Dr. Stackman, he did not agree with that diagnosis and instead gave the patient the diagnosis of Alcohol Dependence." False – the issue of epilepsy was never raised with Dr. Stackman, who performed an NCV exam and ordered an MRI to investigate the question of whether the numbness I had suffered in early January 1997 was caused by a neuropathy. Dr. Stackman found no evidence of polyneuropathy: he made *no* diagnosis: he certainly did NOT make a diagnosis of Alcohol Dependence.

"The patient then came to the Neuromuscular Institute of Strong Memorial Hospital where he saw a Dr. Touwiell, [sic: Tawil] but also reports dissatisfaction with them since they did not validate his diagnosis." Incorrect – I was dissatisfied with this exam because I had thought that this referral from Dr. Breiman would involve further testing for the presence of autoimmune factors, as opposed to a simple neurological exam. At the time of that exam (5/7/97) I was no longer suffering from major paresthesias, and expected such an exam to find nothing unusual.

¶ 4 "Records from Elmira indicate patient has an abnormal liver profile which may be alcohol related." This is incorrect, according to what I have been told. Since I've never been a chronic heavy drinker, it seems highly unlikely that I've suffered liver damage from my use of alcohol.

CORE HISTORY (INPATIENT)	Patient Name:	Saunders, Kevin E.
	C#:	085 274

Patient appears to have had a normal delivery from a normal pregnancy. There is no reason to believe he did not meet the developmental milestones in a timely way. The patient reports there were no serious problems during his developmental years.

Patient reports that he felt as if he was a normal child until about the age of nine when he began to develop problems with anxiety. The patient reports that he did have buddies and friendships during the course of his childhood and that they were activities and classes at school he enjoyed. He states that his older brother was a very odd person and that he therefore, took great pains to be very different, not to be at all like his brother when he went into the high school setting.

F. Family History/Interpersonal Relationships (Include persons in supportive and/or dependent relationships)

The patient was the second of two children born to Earl L. Saunders and Jean Cox Saunders on 5/1/56 in Little Rock, Arkansas. Patient reports that his paternal grandmother, Marguarite, had a diagnosis of Petit Mal Epilepsy, and that she died in 1976 at the age of 75. The patient's father, Earl L. Saunders, died at age 61 in 1977 of a stroke. Patient did not have much to say about his father. Patient's mother, Jean Cox Saunders, is still alive at the age of 75, she is in reasonably good health, but she suffers from some depression and she is typically anxious which seems to come from the family background. The patient describes his mother as a typically liberal Arkansas native, that he gets along with her fairly well, but he sees her as a worrywart who is very principal, who is shocked that he, the patient, wears dresses at times, which only came out after the Arson, but also reports that she is committed to caring for and loving both the patient and his brother. He reports that his mother has never used drugs, but she does drink sometimes socially and she suffers somewhat from gout. Patient reports that his maternal grandmother was very hostile and cool in many ways toward her own children, abandoning many of them, and raising only two. He describes her as having been sexually promiscuous and that he only saw her occasionally, but she
was very pleasant toward the grandchildren, but argued quite a bit with his mother.

Patient has one brother, Michael Saunders, age 45, who the patient describes as hypographic obsessive about certain details of life, and still involved with a punk rock group called the Angry Simoans. Michael Saunders lives in Hayward, California, in the bay area, where he works as a hospital accountant, and in the past has been, as the patient describes, a well-known rock critic.

The patient himself was involved in the punk rock band the Angry Simoans where he played drums, guitar, and wrote some songs.

The patient was married to Anne Marie Saunders in 1979. On 3/22/88, a daughter, Rachel, was born to the two of them and their marriage continued until 1993 when the two were divorced. Patient reports that he continued to play a major role in his daughter's life, but eventually voluntarily agreed to sole custody remaining with Anne Marie due to the problems that the patient was having. However, records indicate that Rachel was actually removed from the patient's home on 8/26/96 due to what the authorities considered a volatile domestic situation between the patient and his girlfriend, Susan. Currently, the patient is allowed only supervised visits with his daughter. Patient reports that he continues to maintain a good relationship with both his daughter and his ex-wife.

In 1993, the patient met Susan Hamann and maintained a conflictual relationship with her until the time of the first Assault charges filed by her against him 12/30/96. Susan Hamann is the women whose trailer was destroyed during the instant offense. During their years together the patient had sometimes lived with Ms. Hamann and sometimes lived in this trailer that belonged to her.

Patient reports from the 4th to 5th grade on, he had no friends. He disliked the boys general way of doing things, the roughness and the meanness that he saw displayed by boys his age, and he felt that he was sometimes considered a sissy because he could quite easily be made to cry. However, when he got to college, he reports the more typical kinds of male bonding and enjoyed that aspect of his life.

G. Ethnic/Cultural Identification (Estimate the patient's overall level of acculturation. Consider length of time in US, language proficiency, family background, socio-economic status, etc. Note if a Cultural Eval. is indicated)

¶ 3 "The patient describes his mother as a typically liberal Arkansas native ..." This is a rather amusing misunderstanding: Being a self-identified liberal Democrat in Arkansas makes one distinctly *atypical*.

"... he sees her as a worrywart who is very principal [sic]...": This should read *principled*.

¶ 4 "Patient has one brother ... who the patient describes as hypographic ...": Incorrect: *hypergraphic*, "... still involved with a punk rock group called the Angry Simoans [sic]." That's the Angry *Samoans*.

¶ 5 "The patient himself was involved in the punk rock band the Angry Simoans [sic] where he played drums, guitar, and wrote some songs." Partially correct: I played guitar with the Samoans, and did play drums *once* on one song live, but never garnered any songwriting credits. Since my later efforts in Ithaca with Auld l'Anxiety from 1986 – 1990, I have performed as a lead singer and have written a number of original songs.

¶ 6 "The patient was married to Anne Marie Saunders in 1978." Incorrect: I lived with Anne Marie Whelan from 1980–1993; when we were married in 1985, Anne Marie retained the Whelan surname rather than taking the name Saunders. Rachel Anne Whelan was born 3/22/88, as my legitimate daughter, but was given the name Whelan to help keep the Whelan family name alive (there are plenty of Saunders already!).

"However, records indicate that Rachel was actually removed from the patient's home on 8/26/96 due to what the authorities considered a volatile domestic situation between the patient and his girlfriend, Susan." This is false. There was an argument which occurred on that date, but Rachel was not removed from my home; I continued to have Rachel over about three nights a week under our shared custody agreement.

"Currently, the patient is allowed only supervised visits with his daughter." This should be updated: This was true in 1998, but since 1999 I have been taking care of Rachel about three nights a week under a revised custody agreement where Anne Marie has sole custody, but I am allowed visitation. Rachel's performance in school, social activities (particularly dramatic productions), and social adjustment have all been excellent, as have her Regents Test scores.

¶ 7 **"During their years together the patient had sometimes lived with Ms. Hamann and sometimes lived in this trailer that belonged to her."** Incorrect: Susan Hamann lived in my home from August 1994 through August 1996. The night of the arson was the first time I was ever in the trailer, which she rented soon after moving out in August 1996; after moving out, Susan made several visits to my house, staying for periods of up to three days at a time.

¶ 8 "Patient reports from the 4th to 5th grade on, he had no friends." Incorrect: I had no close male friends from 6th grade until I attended college. I did have some close female friends over this period of time.

CORE HISTORY (INPATIENT)	Patient Name: **Saunders, Kevin E.** C#: 085 274

The patient was born and raised in Arkansas. He is a Caucasian man from a middle to upper income family and does not identify any particular cultural or ethnic issues as being problematic to him. Libertarian

He describes his ideological background as Right Wing Conservative, the Unitarian, and reports that doing logic for a living is a strange business. Patient appears to have a comfortable relationship with both mother and brother, although neither one of them lives physically near him at this time in his life. "Hacker Culture"

H. Religious/Spiritual Beliefs and Practices (Affiliation, degree of involvement; name of clergy, if relevant; implications for treatment or discharge planning)

Patient was raised as a Protestant, particularly a member of the Disciples of Christ, which is non-hierarchical and the church leadership varied from church to church, the churches being loosely organized.

I. Military History (Include service branch, dates served, where patient served, combat experience, if wounded and any service-connected experiences frightening to the patient). Indicate if service-connected disability, type of discharge, eligibility for benefits; claim number).

There is no record of the patient serving in the miliary.

J. Living Arrangement (Include where and with whom the patient lives, housing patterns/stability, and desire and ability to return)

Patient owns his own home at 1668 Trumansburg Rd., Ithaca, NY 14850; phone # (607) 277-5808 and he operates his business, Data Beast, out of his home.

Updated 5/28/03: databeast, Inc.

Patient continues to live and work from his home when in the community . He has a house mate who also helps with his business. He is asking to process a Power of Attorney which will allow his brother and friend to manage the business in his absence .

Betty Golphin, SWII

____

K. Work/Financial (Include special training/skills and job history; source and amount of income; representative payee; power of attorney; legal guardian; etc.)

¶ 2 "He describes his ideological background as Right Wing Conservative, the Unitarian [sic], and reports that doing logic for a living is a strange business." I have been a Right Wing *Libertarian* since the age of 14. As regards my religious beliefs, I strongly identify with traditional Unitarianism, which upholds Christian values expressed within a framework of tolerance and reliance on scientific methods for verifying our beliefs about the world.

Doing logic for a living is indeed a strange business, because it subjects a person to higher standards of logical consistency and objectively provable factual accuracy than many other occupations; at the same time systems analysis and application design work offer great opportunities for implementing creative ideas within this framework of restraint.

¶ 4 "There is no record of the patient serving in the miliary [sic: military]."

¶ 5 "Patient... operates his business, Data Beast ...": The name of the company is *databeast, Inc.*

¶ 6 "He is asking to process a Power of Attorney which will allow his brother and friend to manage the business in his absence." I have granted Powers of Attorney to my former wife, Anne Marie Whelan, and my housemate, Alice H. Richardson; my friend Bill Garrison is handling routine support and processing orders for dataComet under contract; I remain in charge of management of databeast, Inc.

CORE HISTORY (INPATIENT)	Patient Name: C#:	**Saunders, Kevin E.** 085 274

During the major portion of the patient's adult life he supported himself through computer programming work. He worked for a time at Millennium Computer Corporation in Rochester where he commuted four days a week. He claimed his salary there was about $55,000 a year. Patient worked for Cornell University and again had some problems with his employers there.

from 7/85 - 2/94 ↑ ONE

While working at Cornell, the patient developed a very complicated computer program which is still being used by the university. Currently, the patient owns and operates his own business, Data Beast, a computer programming business. He works by and for himself out of his home. His earnings are substantially below what one would expect of someone with his education and abilities. Earlier in his life, the patient worked with his brother in a band called the Angry Simoans, where he played a variety of roles playing some different instruments and some singing. He is no longer involved with the band.

Business startup + Psychiatric Disaster = Low Income
dataComet = software entrepreneur

Updated 5/28/03

Patient continues to work from his home and seems to have a viable business.

Betty Golphin, SWII

L. Education (Include highest grade/degree)

The patient graduated from high school. He graduated from the University of Texas in 1979. He applied for and was accepted at the Cornell Graduate School of Accounting and registered for the fall of 1979, but dropped out after a couple of months of classes. He again registered for extramural classes in the fall of 1986.

M. Use of Leisure Time (Include current skills, talents, aptitudes, and interests)

The patient likes to play his guitar, read, dance, he enjoys all kinds of music, he reads *The New York Times*, books about miliary history and philosophy.

N. Other Agency Involvement (Include past or present involvement with human service agencies other than mental health and criminal justice agencies)

None.

Originally Completed by:	Susan Heagney, CSW	**Date:**	10/23/97
Signature:		**Date: Updated:**	5/28/03
Staff Name:	Betty Golphin, MSW		
Title:	Social Worker II		

SH/lb
BG/bg

¶ 1 **"Patient worked for Cornell University and again had some problems with his employers there."** To repeat: I had some major successes at Cornell. Otherwise I doubt that Cornell's Director for Network Resources, Dave Lambert, would have told my new bosses at Millennium Computer Corporation... "You're getting the best!" (This is the same David Lambert who ordered my paid leave and EAP referral in 1992. He made this statement at a meeting where we were discussing outsourcing several major Cornell software development projects to Millennium in March 1994).

¶ 2 "Currently, the patient owns and operates his own business, Data Beast [sic], a computer programming business." Not precisely correct: Through databeast, Inc. I work as a software developer and publisher of the "dataComet" Macintosh Terminal Emulation application, which is based, under license, on the COMET application I developed while an employee at Cornell: see <http:www.datacomet.com>. I have done some custom computer programming through databeast, e.g., a web site supporting online order entry developed for the Cornell Vet School Image Lab in 1995, but most of databeast's revenues have come from sales of dataComet.

"His earnings are substantially below what one would expect of someone with his education and abilities." My earnings after the disaster of January/February 1997 were dismally low because I had no alternative to relying on dataComet for my earnings, which collapsed solely due to the disastrous consequences of my psychotic episode; I could not fulfill the contract I had negotiated in October 1996 to perform work for Cornell's Mann Library at the rate of $27.50/hr., or continue work on the Image Lab web site, for which I had been billing $45/hr.

Earnings from dataComet have been respectable for a shareware application in a highly competitive market niche. As regards other employment, I've felt that my diagnosis with Psychotic Disorder NOS made seeking salaried employment as a computer programmer problematic, since I felt I could not make a reliable promise to be available as an employee for long term projects involving serious software development, maintenance, and support.

¶ 4 "The patient graduated from high school. He graduated from the University of Texas in 1979. He applied for and was accepted at the Cornell Graduate School of Accounting [sic] ... " Incorrect. I graduated from high school in 1974, and then attended the University of Texas at Austin, from which I graduated in *1977* (So I took *three* years to complete college, not *five* years). I received a B.A. with High Honors in Economics with a minor in Philosophy, and was also admitted to Phi Beta Kappa.

Thereafter I worked for a year as a computer programmer and a year as a bookkeeper. For my research proposal in Economics I received an Honorable Mention in the 1979 National Science Foundation Fellowship Competition; in 1979 I entered Cornell's Ph.D. program in Economics in the Graduate School of the Arts and Sciences. I was however quite unhappy with the department, as were most of my classmates, and quit after a couple of months – preceding a large majority of my classmates, who quit later on.

¶ 5 "miliary [sic] history" should be "military history."

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These notes contain corrections to and comments on the RPC/RFU Inpatient Core History dated 10/23/97, and updated 5/28/03. **Boldface** is used to highlight assertions in the Core History which are egregiously incorrect.

Page 1

¶ 3 "Anna Matusiewicz, OPD" should be "M.D.;" she was a private *psychiatrist* seen in 1993.

"Alan Stotz" should be "Ellen Stotz" (of Ithaca's Family and Children's Service), seen for 12 sessions on an EAP referral from Cornell University.

"Dr. Stackman" should be "Fran Markover" from the dates given.

"Cayuga Hospital" should be "Cayuga Medical Center."

"Dr. Lesswig" should be "Dr. Lesswing."

"Dr. Povenelli" should be "Dr. Povinelli."

"Dr. Besrigain" should be "Dr. Bezirganian."

Page 2

¶ 1 "The crimnet list [sic] four events:" – three events are listed here; no other criminal charges have ever been brought against me.

¶ 2 Event #1: Note: These charges were DWI, DWI per se, and speeding 55 in a 30 zone. Patient was convicted on a plea of guilty to DWAI.

¶ 3 Event #2: Note: These charges were dismissed.

¶ 4 Event #3: Note: The 330.20 plea was accepted by the DA and the judge in July 1997.

¶ 8 "The patient believes that the instant offense was triggered by a variety of complex circumstances including postictal psychosis." Incorrect: I had stated that I believed that postictal psychosis *might* have caused the psychotic symptoms I experienced around the time of the arson, not that it definitely *was* a cause.

¶ 9 **"He was admitted to Elmira Psychiatric Center on 4/4/03 for violation of Order of Condition [sic]."** Incorrect: I asked my friend Alice Richardson to order an ambulance for a voluntary psychiatric admission to Cayuga Medical Center on 4/4/03, and after arriving there I was committed to Elmira Psychiatric Center under a 2-PC commitment order.

Page 3

¶ 1 "In 1990, the patient had 12 sessions...": In fact, these were the 12 sessions in *1992* which took place as a result of the Cornell EAP referral (the <u>only</u> such referral from Cornell).

... **"Records indicate that over the years the patient has often had conflicts with his employers and suggest an inability to work successfully in a supervised setting."** This is ludicrous. My employment at Cornell University from 7/85 – 3/94 as a Network

Systems Programmer with a long history of pay raises and substantial contributions to Cornell's computing initiatives obviously proves otherwise.

These contributions included COMET, the Cornell Macintosh Terminal Emulator, which was for almost a decade the standard application for accessing the Cornell library system's online card catalog, and the EZ-REMOTE Macintosh Internet dialup software installer. In addition I had a record of successful relationships with a broad range of Cornellians in my role as the designated backline support expert handling the most difficult Macintosh TCP/IP networking problems: I was the person who would contact users and if necessary make on-site visits when no-one else could solve a problem.

¶ 2 "The patient's first extensive therapy began in 1992 when he saw Alan [sic] Stotz..." This refers to the EAP sessions listed above as if they were a separate series of sessions.

¶ 3 "Patient reports that he attended Family and Children's Service Mental Health Program from 1/29/92 – 6/12/92, where he was seeing a counselor regarding issues related to his impending divorce." Again, these are the EAP sessions with Ellen Stotz, which did not deal with marital problems, and particularly not with divorce, which was not an issue until 3/93.

¶ 4 "The diagnosis the patient received during this time included Cyclothymia vs. Bipolar Disorder." Dr. Matusiewicz diagnosed and billed for treatment of an episode of moderate depression, the only formal diagnosis she made; she believed that I might suffer from bipolar disorder.

¶ 5 "The patient returned to therapy again in 1996..." This paragraph repeats Amari Meader's summary notes as if they were reliable, when she is not a trustworthy source of information. From June 1996 through January 1997 Ms. Meader fraudulently engaged me in "therapy," deceiving me by telling me my diagnosis was Dysthymic Disorder, while failing to inform me that diagnoses of Borderline Personality Disorder and Cannabis Dependence were also being made, and justifying a referral to Fran Markover for a Drug and Alcohol Evaluation on the grounds that "If you are dependent on cannabis we can't continue to treat you – we need an evaluation by an expert evaluator because we [at FCS] can't make a Cannabis Dependence diagnosis."

In the world of commerce, this is called the "bait and switch" tactic: promise one service, but deliver another. This is consumer fraud; this fraudulent conduct also violated my right to informed consent to treatment. This deception is apparent in the Treatment Plan, where the English text describes exploring alternatives to marijuana "use" rather than "abuse" or "dependence," while the DSM code indicates "Cannabis Dependence."

"During these sessions the issue of continuous marijuana use was addressed." In fact, discontinuing regular marijuana use was a condition for entering "therapy" with Ms. Meader, and from June through early October 1996 I was largely abstinent – one of a number of periods in my life during which I voluntarily refrained from smoking marijuana for periods of months at a time.

The History should note that Prozac was first initiated early in August 1996 at 10 mg/day, and was discontinued sometime in October due to problems with side effects.

¶ 6 I went voluntarily for a Drug and Alcohol Evaluation with Fran Markover (3 sessions) beginning 12/17/96 – "Fran Markover also supported all of the recommendations already presented by Amari Meader": This is false; Ms. Markover recommended that FCS continue to

offer therapy with Amari Meader, not terminate it: Ms. Markover had stated from the outset of the evaluation that she was not available for further sessions beyond the evaluation.

The History should note that Prozac was resumed at 20 mg/day around 12/30/96, and Trazodone was initiated on 1/4/97 at 50 mg/day at bedtime for insomnia. Hydroxyzine Pamoate was prescribed on 1/16/97 as a sleeping aid after Trazodone was stopped on 1/11/97.

¶ 7 **"From January 2 – 3, 1997, the patient went to the Emergency Room at Cayuga Hospital because according to him, he was near physical collapse and he was having the most severe seizure he had ever had in his life, and he considered himself to be suffering from postictal psychosis, which he felt resembled symptoms of paranoid schizophrenia. During that hospitalization, it was recommended that he go to inpatient MICA treatment, which the patient refused."**

This is almost wholly incorrect, aside from the statement that I believed I was near physical collapse. I visited the ER at 5:15 AM the morning of January 11, 1997, complaining of heart palpitations, numbness in the extremities, dry mouth, urinary retention, and "generally feeling BAD." I made no mention of seizures, though it's true that I had experienced my first-ever brief convulsion a day or two prior. No "hospitalization" occurred. I did *not* believe I was suffering from postictal psychosis at that time: only later in May 1997 did I came across information which suggested the hypothesis that my psychosis on 2/6/97 might be related to the schizophreniform psychoses of epilepsy. Neither Dr. Scheiman nor the psychiatric nurse who interviewed me mentioned inpatient MICA treatment, much less "recommended" it.

I have the ER notes from 1/11/97, so I am quite certain these statements are erroneous. The ER notes themselves are not wholly reliable: the notes on my interview by the psychiatric nurse, Eric Stephens, contain the false assertion that I had a week earlier "scratched GF badly and pulled her along by her hair." He makes this claim, which contradicts what I told him, without noting any source for the assertion.

NB: With reference to Trazodone, the notes state: "... has had - S/E from Trazodone – dry mouth & difficulty urinating."

¶ 8 "On 1/7/97, the patient began the use of Trazodone... *but later developed (what he considered) physical symptoms related to the drug* and stopped it on 1/14/97 and resumed marijuana use." [my emphasis] Incorrect: Trazodone was started on or soon after 1/4/97, and then ended on 1/11/97 *immediately after* the ER visit, where I was told that I was having some side effects from the Trazodone, but not told that numbness could be among these.

I resumed using marijuana sometime after 1/14/97, as I soon thereafter grew terrified by the possibility that I might be suffering from a serious neurological illness which had been kept in remission by its use, and then I ended use on 1/28/97, believing that if I had such a disorder, cannabis use might affect the results of the Nerve Conduction Velocity test which I had scheduled with Dr. Stackman.

Page 4

¶ 2 "Following his arrest that day, a police statement includes the quotation from the patient stating messages from the radio caused him to do it." Incorrect – although I was experiencing auditory hallucinations, they did not "cause" the arson, nor did I make any statement to that effect in my voluntary statement: I stated there that "I believed I was hearing messages through the radio."

¶ 4 "On 2/11, Annette Brink, M.D., provided a psychiatric consult through the Tompkins County Mental Health Services within the jail setting. Her diagnoses of this patient was [sic] Psychosis, NOS; R/O Cannabis Induced Psychosis; Mood Disorder, NOS, Gender Identity Disorder; Cannabis Dependent; R/O Neurological Condition; and recommended a low dose of Risperdal." I recall this interview, but was never informed of any diagnoses or treatment recommendations. (This raises a question for me – why was I not referred on a 508, if a psychiatrist believed I was suffering from psychosis? Why did I not receive further mental health support while in jail?)

¶ 6 "Dependent; R/O Neurological Condition; and recommended a low dose of Risperdal."

through

¶ 8 "On 3/26/97, a normal nerve conduction velocity study was done with no evidence [sic] neuropathy being found."

These 4 lines are almost exact duplicates of lines found above, and are obviously the result of an error in editing.

¶ 11 "Updated 5/28/03": The Update should include the following information:

From 5/98 – 3/02 I received services from Tompkins County Mental Health – Linda Riley CSW.

From 4/02 – 5/03 I received outpatient services from Elmira Psychiatric Center – Janet Stevens CSW, and Tara Belsare, M.D.

¶ 12 "Mr. Saunders reports he was treated at Cayuga County Mental Health briefly, prior to his admission to Elmira." Incorrect: I sought voluntary admission to the Cayuga Medical Center psych unit on 4/4/03, but was shipped to the Elmira Psychiatric Center instead under a 2-PC.

"He denies the need for medication and is critical of any medication prescribed for him." Untrue: Sometimes I have obviously required psychiatric medication; I had not at the time of this interview heard any persuasive arguments that chronic administration of an antipsychotic medication might be required to prevent a recurrence of psychosis, but did state *at the time of this interview* that a prescription for a mood stabilizer might be reasonable.

"He claimed to have been psychotic for 2 – 3 days but cleared before going top [sic] Elmira." Incorrect: I was probably in psychotic states from 4/2 through 4/7, which includes several days while hospitalized in Elmira. I believed myself to have recovered from the psychosis on 4/8, and have always thereafter stated that as my belief.

"Patient is ambivalent about whether he has a mental illness or not. He fluctuates between acknowledging he has an illness to denying he has an illness." This is rooted in a misunderstanding: To begin with, there are at least two definitions of "mental illness" which apply here, the medical definition and the legal definition. I would have agreed at any time since 1993 that I suffer from a DSM-defined "mental illness" – a medical illness – of some kind, at a minimum, a tendency to suffer from depression, in particular reactive depression. Diagnosis of either Psychotic Disorder NOS or Bipolar Disorder NOS is reasonable in my case, etc., etc.

On the other hand, the legal definition of "mental illness" creates a standard in which an illness is of sufficient severity as to require "care, treatment, and rehabilitation" – a standard open to

interpretation, since the Mental Hygiene Law in New York State does not define these terms. I do not believe that I require "rehabilitation" in the usual meaning of the term, since outside of a couple of unfortunate incidents of brief psychosis, I have been a responsible parent and citizen in addition to being highly productive in my professional life.

Page 5

¶ 1 "The patient reports that he started using pot at the age of 21 and smoked occasionally between 18 – 21." Presumably the writer intended to state "he started using pot *regularly* at the age of 21 ...".

"The patient reports that he has been using cannabis almost continuously since the age of 21 and for several years he has smoked the equivalent of less than a joint a day using a pipe." Incorrect: There were a number of periods over which I abstained voluntarily from smoking cannabis for around 6 months or more at a time, in addition to the fairly frequent periods during which cannabis was not available due to disruptions in the supply chain. As stated elsewhere, I would generally use about ¼ gram/day when I was smoking, which is about ¼ of a joint.

"The patient considers cannabis to be a treatment for all of the physical and neurological symptoms which he reports he suffers from." Incorrect: I've stated that my use of cannabis was a form of self-medication since 1993, but prior to the bizarre symptoms I suffered in January 1997, I had always felt that it only helped in terms of improved mood. After January 1997 I feared that my use *might* indicate that I was using cannabis to suppress the symptoms of a serious neurological or immunological disorder (e.g., temporal lobe epilepsy, or a chronic relapsing polyneuropathy, possibly even Multiple Sclerosis – please note that I was correct in stating in 1998 that cannabis can be effective in controlling MS in some cases: an extract of whole cannabis developed by GW Pharmaceuticals has performed very well in clinical trials, and will almost certainly soon be approved as a treatment for MS in the UK).

"Evidently, the only time the patient has been free from cannabis use is for a brief period from December of 1997 until January 15, 1997 and again for about 10 days prior to the instant offense." This statement is false; the periods stated are correct, but as I have stated here and stated previously in 1998, over the years I sustained about half a dozen periods of prolonged voluntary abstinence. This error leads to completely false perceptions of my patterns of use and ability to control my use of cannabis.

"Several therapists ... have diagnosed him as being Alcohol or Cannabis Dependent..." Incorrect: No one has ever diagnosed Alcohol Dependence in my case.

¶ 2 "He is aware his Order of Commitment [sic] includes staying away from substance [sic]." I believe the Order of Conditions was unclear due to its wording, including use of the phrase "treatment *may* include" and inconsistent use of the terms "unauthorized" and "illicit" in the clauses referring to drug use and testing:

g) Refraining from indulging in the use of any unauthorized drugs and from indulging in the consumption of alcoholic beverages.

h) Submitting specimens for laboratory/sobriety screenings administered for the purpose of detecting the presence of unauthorized or illicit drugs or alcohol as directed by a physician.

Regarding the use of "may" within New York State, in the case of "Gerald D. Broder v. MBNA Corporation and MBNA America Bank, N.A." (Supreme Court of the State of New York,

County of New York, Index No. 98/605153 IAS Part 49, Justice Herman Cahn), the Appellate Court supported on appeal the plaintiff's claim that "MBNA's solicitations were misleading because they stated that MBNA 'may' allocate payments to cash advance balances before purchase balances rather than state that MBNA 'will' allocate payments in that manner." The Court sustained plaintiff's claims for breach of contract and violation of the Consumer Protection Act in this case, claims based on this "misleading" use of the word "may," which is precisely analogous to the claim that "may" means "must" in the interpretation of the Order of Conditions.

¶ 3 "The patient reports a strong belief that he has a neurological problem known as Teshwin Syndrome because he claims all of the major symptoms including anger and aggressiveness, a bad temper without the violence, transgender, bizarre religious experiences, hypographia, an odd sense of humor, a philosophical nature, and paranoia."

Incorrect: I meet the criteria for "Geschwind Syndrome," behavioral markers which a minority of neurologists believe may indicate the presence of left temporal lobe epilepsy (TLE). These markers are:

—¬Hypergraphia (or, more generally, circumstantiality),
—¬Heightened interest in philosophical and/or religious issues,
—¬Anger (characterized by verbal outbursts rather than violent behaviors),
—¬Altered sexuality, and
—¬"Stickiness" or "viscosity," a tendency to display a more intense style in interpersonal interactions than usual.

"Paranoia," "aggressiveness," and "bizarre religious experiences" can be symptoms of complex partial seizures, but are not included in Geschwind Syndrome, which associates certain persistent behavioral traits with TLE; I don't believe these additional traits characterize me correctly.

"The patient was seen by a neurologist, Dr. Stackman, he did not agree with that diagnosis and instead gave the patient the diagnosis of Alcohol Dependence." False – the issue of epilepsy was never raised with Dr. Stackman, who performed an NCV exam and ordered an MRI to investigate the question of whether the numbness I had suffered in early January 1997 was caused by a neuropathy. Dr. Stackman found no evidence of polyneuropathy: he made *no* diagnosis: he certainly did NOT make a diagnosis of Alcohol Dependence.

"The patient then came to the Neuromuscular Institute of Strong Memorial Hospital where he saw a Dr. Touwiell, [sic: Tawil] but also reports dissatisfaction with them since they did not validate his diagnosis." Incorrect – I was dissatisfied with this exam because I had thought that this referral from Dr. Breiman would involve further testing for the presence of autoimmune factors, as opposed to a simple neurological exam. At the time of that exam (5/7/97) I was no longer suffering from major paresthesias, and expected such an exam to find nothing unusual.

¶ 4 "Records from Elmira indicate patient has an abnormal liver profile which may be alcohol related." This is incorrect, according to what I have been told. Since I've never been a chronic heavy drinker, it seems highly unlikely that I've suffered liver damage from my use of alcohol.

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¶ 3 "The patient describes his mother as a typically liberal Arkansas native ..." This is a rather amusing misunderstanding: Being a self-identified liberal Democrat in Arkansas makes one

distinctly *atypical*.

"... he sees her as a worrywart who is very principal [sic]...": This should read *principled*.

¶ 4 "Patient has one brother ... who the patient describes as hypographic ...": Incorrect: *hypergraphic*, "... still involved with a punk rock group called the Angry Simoans [sic]." That's the Angry *Samoans*.

¶ 5 "The patient himself was involved in the punk rock band the Angry Simoans [sic] where he played drums, guitar, and wrote some songs." Partially correct: I played guitar with the Samoans, and did play drums *once* on one song live, but never garnered any songwriting credits. Since my later efforts in Ithaca with Auld l'Anxiety from 1986 – 1990, I have performed as a lead singer and have written a number of original songs.

¶ 6 "The patient was married to Anne Marie Saunders in 1978." Incorrect: I lived with Anne Marie Whelan from 1980–1993; when we were married in 1985, Anne Marie retained the Whelan surname rather than taking the name Saunders. Rachel Anne Whelan was born 3/22/88, as my legitimate daughter, but was given the name Whelan to help keep the Whelan family name alive (there are plenty of Saunders already!).

"However, records indicate that Rachel was actually removed from the patient's home on 8/26/96 due to what the authorities considered a volatile domestic situation between the patient and his girlfriend, Susan." This is false. There was an argument which occurred on that date, but Rachel was not removed from my home; I continued to have Rachel over about three nights a week under our shared custody agreement.

"Currently, the patient is allowed only supervised visits with his daughter." This should be updated: This was true in 1998, but since 1999 I have been taking care of Rachel about three nights a week under a revised custody agreement where Anne Marie has sole custody, but I am allowed visitation. Rachel's performance in school, social activities (particularly dramatic productions), and social adjustment have all been excellent, as have her Regents Test scores.

¶ 7 **"During their years together the patient had sometimes lived with Ms. Hamann and sometimes lived in this trailer that belonged to her."** Incorrect: Susan Hamann lived in my home from August 1994 through August 1996. The night of the arson was the first time I was ever in the trailer, which she rented soon after moving out in August 1996; after moving out, Susan made several visits to my house, staying for periods of up to three days at a time.

¶ 8 "Patient reports from the 4th to 5th grade on, he had no friends." Incorrect: I had no close male friends from 6th grade until I attended college. I did have some close female friends over this period of time.

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¶ 2 "He describes his ideological background as Right Wing Conservative, the Unitarian [sic], and reports that doing logic for a living is a strange business." I have been a Right Wing *Libertarian* since the age of 14. As regards my religious beliefs, I strongly identify with traditional Unitarianism, which upholds Christian values expressed within a framework of tolerance and reliance on scientific methods for verifying our beliefs about the world.

Doing logic for a living is indeed a strange business, because it subjects a person to higher

standards of logical consistency and objectively provable factual accuracy than many other occupations; at the same time systems analysis and application design work offer great opportunities for implementing creative ideas within this framework of restraint.

¶ 4 "There is no record of the patient serving in the miliary [sic: military]."

¶ 5 "Patient... operates his business, Data Beast ...": The name of the company is *databeast, Inc.*

¶ 6 "He is asking to process a Power of Attorney which will allow his brother and friend to manage the business in his absence." I have granted Powers of Attorney to my former wife, Anne Marie Whelan, and my housemate, Alice H. Richardson; my friend Bill Garrison is handling routine support and processing orders for dataComet under contract; I remain in charge of management of databeast, Inc.

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¶ 1 **"Patient worked for Cornell University and again had some problems with his employers there."** To repeat: I had some major successes at Cornell. Otherwise I doubt that Cornell's Director for Network Resources, Dave Lambert, would have told my new bosses at Millennium Computer Corporation... "You're getting the best!" (This is the same David Lambert who ordered my paid leave and EAP referral in 1992. He made this statement at a meeting where we were discussing outsourcing several major Cornell software development projects to Millennium in March 1994).

¶ 2 "Currently, the patient owns and operates his own business, Data Beast [sic], a computer programming business." Not precisely correct: Through databeast, Inc. I work as a software developer and publisher of the "dataComet" Macintosh Terminal Emulation application, which is based, under license, on the COMET application I developed while an employee at Cornell: see <http:www.datacomet.com>. I have done some custom computer programming through databeast, e.g., a web site supporting online order entry developed for the Cornell Vet School Image Lab in 1995, but most of databeast's revenues have come from sales of dataComet.

"His earnings are substantially below what one would expect of someone with his education and abilities." My earnings after the disaster of January/February 1997 were dismally low because I had no alternative to relying on dataComet for my earnings, which collapsed solely due to the disastrous consequences of my psychotic episode; I could not fulfill the contract I had negotiated in October 1996 to perform work for Cornell's Mann Library at the rate of $27.50/hr., or continue work on the Image Lab web site, for which I had been billing $45/hr.

Earnings from dataComet have been respectable for a shareware application in a highly competitive market niche. As regards other employment, I've felt that my diagnosis with Psychotic Disorder NOS made seeking salaried employment as a computer programmer problematic, since I felt I could not make a reliable promise to be available as an employee for long term projects involving serious software development, maintenance, and support.

¶ 4 "The patient graduated from high school. He graduated from the University of Texas in 1979. He applied for and was accepted at the Cornell Graduate School of Accounting [sic] ... " Incorrect. I graduated from high school in 1974, and then attended the University of Texas at Austin, from which I graduated in *1977* (So I took *three* years to complete college, not *five* years). I received a B.A. with High Honors in Economics with a minor in Philosophy, and was also admitted to Phi Beta Kappa.

Thereafter I worked for a year as a computer programmer and a year as a bookkeeper. For my research proposal in Economics I received an Honorable Mention in the 1979 National Science Foundation Fellowship Competition; in 1979 I entered Cornell's Ph.D. program in Economics in the Graduate School of the Arts and Sciences. I was however quite unhappy with the department, as were most of my classmates, and quit after a couple of months – preceding a large majority of my classmates, who quit later on.

¶ 5 "miliary [sic] history" should be "military history."