

1 L. ALDANA-BERNIER

2 his supervisor and himself.

3 Q. Am I correct that up until this
4 note that nobody at Jamaica Hospital had
5 attempted to admit Mr. Schoolcraft under
6 9.39 of the Mental Hygiene Law, correct?

7 MR. CALLAN: Objection to the
8 form of the question.

9 MR. LEE: Likewise.

10 A. Can you say that again?

11 Q. Prior to this note of November
12 1, 2009, at 6:30 a.m. and from your
13 review of the records, nobody at Jamaica
14 Hospital had attempted to admit Mr.
15 Schoolcraft under 9.39 of the Mental
16 Hygiene Law up to that point, correct?

17 MR. RADOMISLI: Objection to
18 form.

19 MR. CALLAN: Same objection.

20 MR. LEE: Me too.

21 MR. RADOMISLI: Can you rephrase
22 the question?

23 MR. SUCKLE: I think it's
24 perfectly fine.

25 MR. RADOMISLI: You can say

1 L. ALDANA-BERNIER

2 prior to.

3 MR. SUCKLE: I think I just did.

4 MR. RADOMISLI: No. You're
5 referring to your note. You're
6 characterizing the note in a certain
7 way.

8 Q. Prior to 6:30 on November 1,
9 2009, had anyone at Jamaica Hospital
10 attempted to admit Mr. Schoolcraft
11 pursuant to Section 9.39 of the Mental
12 Hygiene Law?

13 MR. CALLAN: Objection. How
14 would she know five years before it
15 happened? Are you talking about the
16 records she has in front of her?

17 Q. From your review of the
18 records?

19 MR. CALLAN: Which record?

20 MR. SMITH: The record should
21 reflect, the Witness has the entire --

22 MR. SUCKLE: We've already done
23 this, Counsel. It's on the record
24 she's reading from Exhibit 69.

25 MR. CALLAN: You can specify

1 L. ALDANA-BERNIER

2 that.

3 MR. SUCKLE: We were talking
4 about it and she's testified to it.

5 MR. CALLAN: Just because we
6 were talking about it does not mean
7 that is what a specific question is
8 referring to.

9 MR. SUCKLE: Every question has
10 been asked about the record she has in
11 front of her. If you think there is a
12 problem here, we will be asking it
13 that way every time.

14 MR. CALLAN: There is a way to
15 correctly ask the question. I'm just
16 asking that you answer it correctly.

17 You can answer if he is talking
18 about this record.

19 MR. SUCKLE: Of course.

20 Q. In your review of the record
21 that you have sitting in front of you,
22 has anybody at Jamaica Hospital ever
23 during this admission tried to admit Mr.
24 Schoolcraft pursuant to Section 9.39 of
25 the Mental Hygiene Law?

1 L. ALDANA-BERNIER

2 A. Referring to this admission?

3 Q. Yes.

4 A. She want the patient

5 transferred to the psych ER. That is an
6 admission to the psych ER.

7 Q. The question is: Did anybody
8 try to admit Mr. Schoolcraft pursuant to
9 Section 9.39 of the Mental Hygiene Law
10 prior to 6:30 in the morning from your
11 review of Mr. Schoolcraft's chart?

12 A. This alone is admission to the
13 psych ER, transfer to the psych ER after
14 medical clearance. From there she
15 admitted the patient to the psych ER.

16 Q. The question was "did they
17 invoke Section 9.39 of the Mental Hygiene
18 Law at any time prior to 6:30 in the
19 morning?"

20 MR. CALLAN: Objection to the
21 form of the question.

22 MR. RADOMISLI: Objection to the
23 form.

24 Q. Did anybody try to admit Mr.
25 Schoolcraft pursuant to 9.39 of the

1 L. ALDANA-BERNIER

2 Mental Hygiene Law prior to 6:30 in the
3 morning at Jamaica Hospital based on your
4 view of the Jamaica Hospital chart you
5 have in front of you?

6 A. Once they transferred to the
7 psych ER, that patient is admitted to the
8 psych emergency room.

9 Q. Is every patient admitted to
10 the psych emergency room admitted
11 pursuant to Section 9.39?

12 A. To the emergency room, yes.

13 Q. So every patient that goes to
14 the psych emergency room is admitted from
15 your understanding pursuant to 9.39 of
16 the Mental Hygiene Law?

17 A. I think you are using that 9.39
18 in the wrong way. 9.39 is when a patient
19 is admitted to inpatient unit. When the
20 patient is transferred to psych ER, we
21 don't use 9.39.

22 If the patient needs further
23 treatment in the psych ER, then we
24 transferred to the psych ER.

25 Q. So the answer is no, no one

1 L. ALDANA-BERNIER

2 tried to admit Mr. Schoolcraft pursuant
3 to 9.39 --

4 A. But you're using it in the
5 wrong way.

6 Q. I just want to know whether or
7 not anybody tried to admit --

8 MR. CALLAN: She's answered the
9 question three times.

10 MR. SUCKLE: No, she hasn't.

11 MR. CALLAN: What do you think,
12 people get teleported? They have to
13 be evaluated.

14 MR. SUCKLE: Keep your
15 objections as to form as the rules
16 require.

17 MR. CALLAN: You don't seem to
18 get it when an objection to form is
19 made. She's answered it three times.

20 MR. SUCKLE: She's not answered
21 it once.

22 THE WITNESS: That's my answer.

23 MR. CALLAN: Do you think they
24 teleport --

25 MR. SUCKLE: No more speaking

1 L. ALDANA-BERNIER

2 objections. Should we just call
3 Justice Sweet?

4 MR. CALLAN: -- inpatient
5 treatment or do they have to be
6 evaluated?

7 MR. SUCKLE: You're speaking on
8 the record in violation of the rules.

9 MR. CALLAN: Make the call. Be
10 my guest.

11 Q. Was Mr. Schoolcraft admitted
12 pursuant to 9.39 of the Mental Hygiene
13 Law at any time during his admission to
14 Jamaica Hospital?

15 A. The patient was transferred to
16 the psych ER.

17 Q. I know.

18 Was he ever admitted pursuant
19 to Section 9.39 of the Mental Hygiene Law
20 at any time during his admission in
21 October and November 2009 pursuant to
22 Section 9.39?

23 A. I did it myself when he was in
24 the psych ER. I made that decision he
25 was admitted.

1 L. ALDANA-BERNIER

2 Q. Are you the first physician
3 that made that decision?

4 A. Yes, I was.

5 Q. And is that the first time when
6 you made the decision that somebody
7 attempted to comply with Section 9.39 of
8 the Mental Hygiene Law in order to admit
9 Mr. Schoolcraft?

10 MR. RADOMISLI: Objection to
11 form.

12 A. Was it the first time?

13 Q. Yes.

14 Was your conduct the first
15 effort on behalf of Jamaica Hospital to
16 admit him pursuant to Section 9.39 of
17 Mental Hygiene Law --

18 MR. CALLAN: Objection to form.

19 Q. -- per your evaluation?

20 A. I was the one that did the
21 9.39.

22 Q. Were there any other
23 evaluations of Mr. Schoolcraft from the
24 psychiatric perspective prior to your
25 note of November 2nd, 2009, at 3:10 p.m.

1 L. ALDANA-BERNIER

2 A. Yes, the notes of 11/1/09 at 12
3 p.m.

4 Q. Did you review this November 1,
5 2009, 12 p.m. note prior to writing your
6 note on November 2nd, 2009, at 10 p.m. --

7 A. Yes.

8 MR. CALLAN: 11/1/09 at 12 p.m.
9 is the note.

10 Q. Did you review this note prior
11 to you writing your note of November 2nd?

12 MR. LEE: Objection.

13 Off the record.

14 [Discussion held off the
15 record.]

16 MR. SMITH: Let me shut this
17 off.

18 [Whereupon, at 12:42 p.m., a
19 recess was taken.]

20 [Whereupon, at 12:43 p.m., the
21 testimony continued.]

22 MR. CALLAN: My client is
23 looking at a page that has at the top
24 11/1/09, time 12 p.m., Jamaica
25 Hospital Medical Center. She's

1 L. ALDANA-BERNIER

2 looking at that at the top of the
3 page.

4 Take it from there, Counsel.

5 Q. The note that counsel described
6 as the first page, do you know how many
7 pages that is in the record?

8 A. Seven pages.

9 Q. Is the last page of that note
10 the psychiatrist's name with a stamp Dr.
11 Tariq, is that the last page of that
12 note?

13 A. Yes.

14 Q. Who is Dr. Tariq, do you know?

15 A. He was the resident.

16 Q. Medical resident, psychiatric
17 resident?

18 A. Psychiatric resident.

19 Q. And just since you're on the
20 page, you wrote "disposition," what does
21 that mean?

22 A. We have to decide whether we
23 hold and stabilize the patient or
24 discharge the patient.

25 Q. Where was the patient

1 L. ALDANA-BERNIER

2 physically: Was he in the medical
3 emergency room?

4 A. He is in the psych ER.

5 Q. At this point he was in the
6 psych ER?

7 A. Yes.

8 Q. And at this point, what did Dr.
9 Tariq write with regard to disposition?

10 A. Hold and stabilize.

11 Q. What does hold mean?

12 A. When we hold the patient and
13 stabilize the patient.

14 Q. Was the patient free to leave?

15 A. No. It said hold and
16 stabilize.

17 Q. Was he being held in
18 restraints?

19 A. Are you asking if the hold is
20 in restraints or was the patient --

21 Q. Was he physically being
22 restrained at that point?

23 A. I don't know.

24 Q. What was physically preventing
25 him from leaving?

1 L. ALDANA-BERNIER

2 A. [No response.]

3 Q. Were the doors locked?

4 A. Yes.

5 Q. So the doors were locked?

6 A. In the emergency room.

7 Q. So when you are in the psych
8 emergency room and someone says hold, the
9 doors are locked and you can't get out?

10 A. It means to say being kept in
11 emergency room for further stabilization
12 and admission.

13 Q. Had Mr. Schoolcraft desired to
14 leave, he wouldn't be able because the
15 doors are locked, correct?

16 A. No one can run out of the
17 emergency room. The doors are locked.

18 Q. Any other way that Mr.
19 Schoolcraft was being held other than the
20 doors being locked?

21 A. Hold, I don't know how you are
22 using hold. Hold is just to keep
23 inpatients in the emergency room for
24 further admission and stabilization.

25 Q. He wasn't free to go home,

1 L. ALDANA-BERNIER

2 correct?

3 A. Yes.

4 Q. He was not?

5 A. He was not discharged. That's
6 why it says hold and stabilize.

7 Q. Am I correct Dr. Tariq on the
8 third written page on the second page of
9 the printed form, there is a place called
10 suicide attempts? Do you see that, there
11 is a line that says, suicide attempts?

12 A. Suicidal ideations?

13 Q. Past psychiatric history, under
14 past psychiatric history.

15 A. Okay.

16 Q. The box no suicide attempts in
17 the past psychiatric history, correct?

18 A. That's correct.

19 Q. Under violence, no history of
20 violence, correct?

21 A. That's correct.

22 Q. And in the chart actually
23 immediately adjacent page actually the
24 back of one of the forms, Dr. Tariq has
25 written in the last paragraph, "Patient

1 L. ALDANA-BERNIER

2 denies recent suicidal or homicidal
3 thoughts," correct?

4 A. That's correct.

5 Q. And then when we talk about
6 mental status exam -- part of this is a
7 mental status exam. Do you see that part
8 of the printed form, that's page 4 of the
9 printed form?

10 A. Uh-huh.

11 Q. Yes?

12 A. Yes.

13 Q. Mental status, is that the
14 mental status examination that you and I
15 were talking about earlier today?

16 A. Yes.

17 Q. The same type of examination?

18 A. Yes.

19 Q. Here in response to questions,
20 Mr. Schoolcraft has given some answers,
21 correct?

22 A. That's correct.

23 Q. And those answers have been
24 written down?

25 A. That's correct.

1 L. ALDANA-BERNIER

2 Q. And the doctor has had a chance
3 to assess the patient as the patient sits
4 in front of him?

5 A. That's correct.

6 Q. And the patient wrote down what
7 he saw, correct?

8 A. Correct.

9 Q. That was Dr. Tariq that wrote
10 that down, correct?

11 A. Correct.

12 Q. Under mental status, appearance
13 and attitude, "cooperative at this time."
14 Do you see that?

15 A. Yes.

16 Q. Do you have any reason to
17 believe as you read that in 2009 that Mr.
18 Schoolcraft was not being cooperative
19 when Dr. Tariq made that evaluation?

20 A. He wrote cooperative. He
21 should be cooperative then.

22 Q. Going down further, suicidal
23 ideations, do you see that?

24 A. Yes.

25 Q. In response to Dr. Tariq's

1 L. ALDANA-BERNIER

2 questioning of Mr. Schoolcraft during his
3 mental status exam, he expressed no
4 suicidal ideations, correct?

5 MR. LEE: Objection to form.

6 A. Correct.

7 Q. No homicidal ideations,
8 correct?

9 A. Correct.

10 Q. And no hallucinations, correct?

11 A. Correct.

12 Q. On the next printed form page
13 5, what is that bar score?

14 A. That is after. I think that's
15 agitation rating score.

16 Q. And 7 being highly agitated and
17 1 not being agitated at all?

18 A. Yes.

19 Q. And Dr. Tariq wrote 1, which
20 means not agitated at all, correct?

21 A. Correct. At that time, he was
22 not agitated at all.

23 Q. At the time that Dr. Tariq
24 evaluated him, the patient was not
25 agitated at all; is that correct?

1 L. ALDANA-BERNIER

2 A. That's correct.

3 Q. Going to the first page of Dr.
4 Tariq's note, from the second line up,
5 Dr. Tariq says he evaluates -- can you
6 read that, the second line up what it
7 says?

8 A. As per ER consult?

9 Q. The first page, second line up.

10 A. As per ER consult?

11 Q. Just before that. Can you read
12 it, the beginning of that line?

13 A. "He states that he was in bed
14 last night. Landlord let NYPD officers
15 in, assaulted him including bending his
16 arm, stamping slightly on his face, and
17 causing many bruises. Bruises are
18 visible on both arms."

19 Q. So Dr. Tariq is reporting from
20 your understanding that Mr. Schoolcraft
21 has bruises on both arms?

22 A. Yeah. Yes.

23 Q. Was there any other evaluation
24 of Mr. Schoolcraft from the perspective
25 of psychiatric examination prior to your

1 L. ALDANA-BERNIER

2 note of November 2nd, 2009, 3:10?

3 A. There was an 11/2/2009 at 2:15.

4 Q. That's the note right above
5 your note?

6 A. Yes.

7 Q. Who is that by?

8 A. A resident Dr. Slowik,
9 S-L-O-W-I-K.

10 Q. Are you able to read that note?

11 A. "Patient seen and examined
12 today. Patient remains calm, withdrawn,
13 not violent or aggressive.

14 "Patient is guarded and not
15 cooperative. Patient keeps saying he
16 doesn't know why he came to this room and
17 forced him to go to the hospital.

18 "Patient doesn't know why he
19 cannot carry the guns, saying that they,
20 his supervisor -- he said I don't know.
21 Patient" --

22 MR. CALLAN: Don't speak out
23 loud until you're ready because she
24 was taking down everything. All
25 right?

1 L. ALDANA-BERNIER

2 If you can't read it, you can't
3 read it.

4 A. "Patient doesn't know why he
5 cannot carry the guns, saying that they,
6 his supervisor, did it to him, but he
7 said I don't know."

8 "He denies auditory or visual
9 hallucinations. Assessment and plan is
10 admit."

11 Q. Assess and admit, what does
12 that mean?

13 A. An assessment to admit.

14 Q. What does assessment mean?

15 A. That is her assessment, what
16 her notes are and the plans is to admit.

17 Q. Doctor, is a there an emergency
18 room record from the medical emergency
19 room that I'll show you, this is the
20 record we are looking for [indicating]?

21 MR. LEE: Howard, can I see the
22 form?

23 MR. SUCKLE: [Handing.]

24 MR. LEE: Thank you.

25 THE WITNESS: Can I have it?

1 L. ALDANA-BERNIER

2 MR. CALLAN: Why don't you put
3 that in front of her so she can page
4 through?

5 MR. SUCKLE: Yeah.

6 It's dated 10/31/09.

7 MR. SMITH: Doctor, it's just
8 prior to the chart, about that far
9 into the chart [indicating]. Keep
10 going. The other way.

11 MR. CALLAN: Okay. All right.
12 She's got it.

13 Q. Did you review this record
14 prior --

15 MR. CALLAN: Let's just identify
16 it.

17 MR. SUCKLE: Sure.

18 MR. CALLAN: Let the record
19 reflect, we're looking at medical
20 record 1298984, date 10/31/2009, and
21 it's a Jamaica Hospital Medical Center
22 Emergency Department record. Okay.

23 Q. Doctor, did you review this
24 record prior to making your note of
25 November 2nd, 2009?

1 L. ALDANA-BERNIER

2 A. No. This is a medical record,
3 medical ER. This doesn't come to our ER.

4 Q. So the medical records aren't
5 in your possession in the psych ER?

6 A. No.

7 Q. Turning to the nursing
8 assessment in that form, the nurse's
9 notes. And this is again, October 31,
10 2009, and there are nursing notes.

11 Do you see that?

12 A. October 31?

13 Q. Yes.

14 Looking at the nursing note the
15 entry of -- do you have that in front of
16 you.

17 A. That's 11/1.

18 Q. The top of the page says 10/31,
19 but I'm looking at the note November 1st,
20 2009, at 2 a.m.

21 A. Yes.

22 Q. Do you see that?

23 A. [Indicating.]

24 Q. There is a note November 1,
25 2009, 2 a.m., do you see that, correct,

1 L. ALDANA-BERNIER

2 do you see that?

3 A. Yes.

4 Q. Doctor, when you wrote your
5 note of November 2nd, 2009, did you know
6 that a nurse noted "with redness on the
7 right wrist with the handcuff, police
8 officer made aware and requested to
9 loosen a little bit yet refused."

10 Did you know about that note
11 when you made your note of November 2nd,
12 2009?

13 A. This is a medical ER note
14 [indicating].

15 Q. So you did not know?

16 A. I didn't have that note.

17 Q. Just so I'm clear: You did not
18 know that a nurse had asked a police
19 officer to loosen the handcuff, that the
20 police officer refused, you did not know
21 that?

22 A. No, I did not know that.

23 Q. Looking at that same note, the
24 nurse's assessment, November 1st, 2009,
25 5:54 a.m., do you see that note?

1 L. ALDANA-BERNIER

2 A. Yes.

3 Q. Were you aware when you first
4 saw Mr. Schoolcraft that he had reported
5 to the nurse, "My wrist is numb, I don't
6 feel anything now," did you know that
7 when you wrote your note on November 2nd,
8 2009?

9 A. No, because I don't have this
10 record.

11 Q. Did you see that this note,
12 that same note starts, "Psych consult in
13 progress"?

14 A. Yes.

15 Q. Do you know whose psych consult
16 that was, was that Dr. Tariq?

17 A. No, this was Dr. Lewin.

18 Q. And do you know if Dr. Lewin
19 wrote or made a note that you saw
20 regarding Mr. Schoolcraft's wrist being
21 numb and he doesn't feel anything?

22 A. She didn't write anything.

23 Q. And Doctor, does good and
24 accepted medical practice require
25 loosening of a handcuff when it's causing

1 L. ALDANA-BERNIER

2 redness to the wrist?

3 MR. RADOMISLI: Objection.

4 MR. LEE: Objection.

5 MR. RADOMISLI: Also under

6 Karbala [phonetic].

7 MR. SUCKLE: This is prior, not
8 subsequent.

9 Q. Does good and accepted medical
10 practice require the loosening --

11 MR. CALLAN: This is a nursing
12 question as well.

13 Q. Does good and accepted medical
14 practice require loosening of a handcuff
15 causing redness to the wrist?

16 MR. LEE: Objection.

17 MR. CALLAN: Objection.

18 You can answer if you can,
19 Doctor. I mean is there a course in
20 --

21 MR. RADOMISLI: Objection.

22 MR. CALLAN: Is there a course
23 in medical school about handcuffs?

24 MR. SMITH: You cannot coach the
25 Witness. Cut it out.

1 L. ALDANA-BERNIER

2 MR. SUCKLE: We will attach this
3 to our motion papers.

4 MR. CALLAN: Bring that to Judge
5 Sweet.

6 MR. SUCKLE: So you are
7 confident you can talk over us and
8 make speaking objections? Is that
9 your position, Counsel?

10 MR. CALLAN: No. My position is
11 that you have --

12 MR. SUCKLE: Is that the
13 disrespect that you have for the
14 Court?

15 MR. CALLAN: Ask relevant
16 questions. You have been doing this
17 long enough to know they do not teach
18 you about handcuffs in medical school.

19 MR. SMITH: You cannot coach the
20 Witness. It's totally improper. It's
21 completely wrong. You know it.

22 Should we call the Court and ask
23 them to tell you which you know you
24 are not entitled to do. You are not a
25 law department kid that just got --

1 L. ALDANA-BERNIER

2 MR. SHAFFER: Objection.

3 MR. SMITH: Come on.

4 MR. CALLAN: I think that's a
5 smear on the law department of State
6 of New York.

7 Q. Does good and accepted medical
8 practice require that a handcuff be
9 loosened if it's causing redness to the
10 wrist?

11 MR. RADOMISLI: Objection.

12 MR. LEE: Objection.

13 MR. SUCKLE: You can answer.

14 MR. CALLAN: You can, Doctor, go
15 ahead.

16 A. If the patient complains, yes,
17 you have to release the restraints.

18 MR. RADOMISLI: Move to strike.

19 Q. When you say that you have to
20 release the restraints, what do you mean?

21 A. Loosen it.

22 Q. Going back to your previous
23 conversation about soft restraints, how
24 long had Mr. Schoolcraft been in the
25 hospital, if you know, prior to this note

1 L. ALDANA-BERNIER
2 of 2 a.m. on November 1st, 2009?

3 A. He was admitted, arrived at the
4 hospital 10/31/2009 at 23:03.

5 Q. So at this point, it had been
6 more than two hours he had been in the
7 hospital by the time of that note of 2
8 a.m., correct?

9 A. That's -- let me see, seven
10 hours.

11 MR. RADOMISLI: Sorry.

12 THE REPORTER: Seven hours.

13 Q. Doctor, continuing on the
14 further nursing notes, here's the page I
15 am referring to. Can you find that in
16 the hospital record?

17 MR. LEE: What notes are we
18 talking about?

19 MR. SUCKLE: November 1 through
20 November 3rd nursing notes.

21 Q. Do you have it?

22 A. Yes.

23 Q. We are looking at a page in the
24 hospital chart. At the top it's dated
25 11/1/2009. And the first entry is

1 L. ALDANA-BERNIER

2 November 1st, 2009, at 13:51. The last
3 entry is November 3rd, 2009, at 8:27.

4 Doctor, on November 1st, 2009,
5 at 15:38, did the nurse note that the
6 patient denied suicidal/homicidal
7 ideations?

8 A. Yes.

9 Q. Did you know when you wrote
10 your November 2nd, 2009 note?

11 A. No.

12 Q. On the same date November 1st,
13 2009, the nurse noted at 22:56, "Patient
14 denied suicidal/homicidal ideations."

15 A. These are medical records. I
16 wouldn't know.

17 Q. So you didn't know that when
18 you wrote your November 2nd, note,
19 correct?

20 A. That's correct.

21 Q. And again, November 2nd, 2009,
22 6:25, the nurse noted, denies suicidal,
23 slash, homicidal ideations. Did you know
24 about that note?

25 A. No.

1 L. ALDANA-BERNIER

2 Q. How about November 2nd, 2009,
3 at 10:47, did you know the nurse
4 reported, "The patient was calm and
5 cooperative, no signs of acute physical
6 distress." Did you know about that note
7 when you wrote your note of November 2nd,
8 2009?

9 A. No.

10 Q. How about the note of November
11 2nd, 2009, at 10:06, "Patient denied
12 suicidal/homicidal ideations," did you
13 know about that note when you wrote your
14 note of November 2nd, 2009?

15 A. No.

16 Q. Do you know about it at any
17 time during Mr. Schoolcraft's
18 hospitalization?

19 A. About all of these notes, no,
20 because they belong to the emergency
21 medical --

22 Q. You never looked at any of
23 those nursing notes from November 2nd,
24 2009, at 13:51 through November 3rd,
25 2009, at 8:27 at any time --

1 L. ALDANA-BERNIER

2 MR. CALLAN: Objection.

3 Q. -- during Mr. Schoolcraft's
4 hospitalization?

5 MR. CALLAN: How many times do
6 you have to go back to this, Counsel?

7 Q. Am I correct?

8 A. These record don't come to our
9 emergency room [indicating].

10 Q. Turning briefly forward in the
11 chart right where you are, there is a
12 section called "Diagnostics" in the
13 medical chart probably pages ahead.

14 It's a note November 1st, 2009.
15 It actually shows his diagnostics in the
16 printed form and the first entry is
17 November 1st, 2009, at 12:59, urinalysis.

18 What is urinalysis, do you
19 know?

20 A. Urinalysis is patient will give
21 urine, and they will test the urine for
22 any presence of like blood or any
23 infection.

24 Q. So the patient is required to
25 do what, urinate into something?

1 L. ALDANA-BERNIER

2 A. Yes.

3 Q. Was he given an apparatus?

4 A. Either they will give him a
5 container, urinal, or he has to go to the
6 bathroom.

7 Q. There is also the test right
8 there at the same time, 12:59 urine tox,
9 what is that?

10 A. Toxicology, they test if they
11 are using drugs.

12 Q. So Mr. Schoolcraft was
13 subjected to a test so see if he was
14 using any drugs?

15 MR. RADOMISLI: Objection to
16 form.

17 Q. Correct?

18 A. Every patient that comes to the
19 emergency room, we request a urinalysis
20 and urine toxicology.

21 Q. Every patient that comes to the
22 medical emergency room?

23 A. Depending on what the situation
24 is.

25 Q. So not every patient has to do

1 L. ALDANA-BERNIER

2 urine tox, correct?

3 A. Not every patient but depending
4 on what the situation is because they
5 would like in your toxicology you can
6 also determine what your diagnosis is,
7 what -- you can see if the bizarre
8 behavior or agitation is caused from
9 substances.

10 Q. Did Mr. Schoolcraft come to the
11 hospital for the purpose of having his
12 urine tested?

13 A. You want to rule out a
14 pathology secondary to substance abuse.
15 You have to get a urine toxicology.

16 Q. You have to do that?

17 A. Anyone come in agitated,
18 bizarre, didn't have a psych history,
19 then you have to get a urine.

20 Q. So Mr. Schoolcraft had to give
21 that urine sample, correct?

22 A. They requested it so he has to
23 give it.

24 Q. CBC, that's a blood test?

25 A. Blood count test.

1 L. ALDANA-BERNIER

2 Q. So somebody stuck a needle in
3 his arm and drew blood?

4 A. Yes.

5 Q. The THC test, how is that done?

6 A. Through urine.

7 Q. A CAT scan of his head?

8 A. CAT scan of the head, yes.

9 Q. How is that done?

10 A. He has to go under a big
11 machine wherein they have to test his --
12 x-ray his brain to see if there is any
13 other causes, organic causes: trauma,
14 pathology, any mass, or any reason why
15 that patient came in.

16 It was his first episode of --
17 psychotic episode. You have to do a CAT
18 scan of the head especially if he was
19 aged 34 years old. First psych episode
20 at 34, we have to do a psych CT.

21 Q. And Mr. Schoolcraft had to go
22 through that test?

23 A. He has to go through that test,
24 yes.

25 Q. What is TSH?

1 L. ALDANA-BERNIER

2 A. That is thyroid stimulating
3 hormone, to test his thyroid function.

4 Q. How?

5 A. Through blood.

6 Q. Is that a separate test than
7 the CBC test?

8 A. It's a separate tube, yes.

9 Q. With a needle aspirating blood
10 out?

11 A. Yes.

12 Q. RPR, what is that?

13 A. That is to test for syphilis.

14 Q. So Mr. Schoolcraft was
15 subjected to a syphilis test while he was
16 in the hospital?

17 MR. RADOMISLI: Objection to
18 form.

19 A. Just to make sure that's not
20 the reason why he was behaving bizarre.

21 Q. Okay. And he had to go through
22 that test, correct?

23 A. Yes.

24 Q. By the way, the CAT scan showed
25 he had a normal brain, correct?

1 L. ALDANA-BERNIER

2 MR. SMITH: What was the answer
3 to that?

4 MR. SUCKLE: Nothing yet.

5 A. Yes.

6 Q. On that same page, there is a
7 diagnosis, correct?

8 A. Yes.

9 Q. What is that?

10 A. Paranoid.

11 Q. There a number next to that,
12 what is that?

13 A. That's the code.

14 Q. What does it relate to?

15 A. That is the code they use for
16 billing.

17 Q. That's for billing?

18 A. Yes, diagnosis 2979.

19 Q. Let's go with paranoid, what
20 does that mean?

21 A. Like a false belief about what
22 is going on in your environment that is
23 not in agreement with the culture;
24 someone that will say they feel he is
25 being watched or followed or somebody

1 L. ALDANA-BERNIER

2 saying there is a conspiracy against him
3 or if someone will say someone is talking
4 about him; there's some sort of paranoia,
5 jealousy. There are different kinds of
6 persecution. It's a delusion.

7 Q. And this was all done by Dr.
8 Tariq, right?

9 A. Yes.

10 Q. That was Dr. Tariq's only sole
11 diagnosis on this form, correct?

12 A. No, this was from the emergency
13 room, the medical ER.

14 Q. Let's look at the bottom of the
15 form. Doesn't it say Dr. Tariq?

16 A. Yes.

17 Q. So this was Dr. Tariq's
18 diagnosis, correct?

19 MR. RADOMISLI: Objection.

20 A. Yes.

21 Q. And Dr. Tariq didn't make any
22 other diagnosis besides this diagnosis of
23 paranoia on this form, correct?

24 MR. RADOMISLI: Objection.

25 Q. On that form, did he make any

1 L. ALDANA-BERNIER

2 other diagnosis?

3 A. Paranoid.

4 Q. That's the only diagnosis Dr.
5 Tariq made?

6 MR. LEE: Objection.

7 MR. CALLAN: Objection.

8 MR. RADOMISLI: Objection.

9 Q. On this form.

10 MR. LEE: Think of things in
11 isolation. There is another form that
12 has a diagnosis.

13 MR. SUCKLE: All right, Counsel.

14 A. I don't think this was him that
15 put that there, Dr. Tariq who put that
16 there.

17 Q. Who put that there?

18 A. In here it was just, they just
19 put his name [indicating]. This was the
20 emergency notes. This was the emergency
21 notes.

22 Q. So you don't know who made that
23 diagnosis?

24 A. I don't know.

25 Q. When you did your evaluation of

1 L. ALDANA-BERNIER

2 Mr. Schoolcraft, did you know about the
3 result of the CAT scan?

4 A. The blood work. I will not
5 remember if I read the CAT scan at that
6 time. I don't have a recollection.

7 The only time -- it's already
8 written down in our -- from the medical
9 doctor so if we go over to the notes, I
10 have read the CT is normal.

11 Q. So you didn't make a note of
12 that, that you read it, you're relying on
13 the note in the chart?

14 A. The notes, yes.

15 MR. RADOMISLI: Off the record.

16 MR. SMITH: Time is 1:23. Going
17 off the record.

18 [Discussion held off the
19 record.]

20 [Whereupon, at 1:23 p.m., a
21 recess was taken.]

22 [Whereupon, at 2:30 p.m., the
23 testimony continued.]

24 MR. SMITH: We are going back on
25 the record. It's 2:30.

1 L. ALDANA-BERNIER

2 Q. Doctor, did you discuss your
3 testimony with anybody during the break?

4 A. No.

5 Q. Doctor, there is a nursing
6 assessment form from the hospital record
7 dated November 1, 2009, at 9:00 a.m. Can
8 you turn to that?

9 [Witness complying.]

10 MR. CALLAN: This is the one.
11 See if you can find it.

12 Is that the general medicine
13 department?

14 MR. SUCKLE: Department of
15 psychiatry.

16 Q. Doctor, I have asked you to
17 turn to the nursing assessment form dated
18 November 1, 2009, from the Department of
19 Psychiatry Emergency Division.

20 Doctor, do you have that in
21 front of you now?

22 A. Yes.

23 Q. It's dated 9 a.m. What is
24 that, Doctor?

25 A. This is a nursing assessment.

1 L. ALDANA-BERNIER

2 Q. What is a nursing assessment.

3 A. This is patient - the nurse
4 --the second nurse.

5 THE REPORTER: I'm sorry.

6 A. This is the second nurse that
7 sees the patient when he comes to the
8 emergency room.

9 Q. Is the patient retriaged in the
10 emergency room?

11 A. Let me just see. No, he come
12 directly. He doesn't pass through the
13 triage department.

14 Q. When you say "the second
15 nurse," who is the first nurse?

16 A. His second nurse because he is
17 already this form [sic]. The first nurse
18 are usually the ones in triage.

19 Q. Did Adrian Schoolcraft see a
20 nurse prior to the nurse who filled out
21 this nursing assessment form in the
22 psychiatric emergency room: Was there a
23 triage nurse?

24 A. I think there was a triage
25 nurse because he came directly from

1 L. ALDANA-BERNIER

2 emergency, medical ER.

3 Q. You think this was not -- it's
4 your testimony you believe there is not a
5 second triage in the psychiatric
6 emergency room; is that what you're
7 saying?

8 A. That's what I'm saying.

9 Q. So, Doctor, this would be the
10 first nurse assessment in the psychiatric
11 ER, correct?

12 A. The first nurse, yes.

13 Q. Look at that nursing assessment
14 form that we have pulled out, did you
15 review this form before you did your
16 evaluation of Mr. Schoolcraft?

17 A. I will not remember if it was
18 in the chart. I may have gone through
19 it.

20 Q. When you say you may have gone
21 through, do you have a habit, a custom
22 and practice of reviewing prior notes
23 from the psychiatric emergency room when
24 you evaluate the patient?

25 A. That depends on the case.

1 L. ALDANA-BERNIER

2 There is times that the patient comes,
3 and the nurse hasn't seen the patient,
4 and it's an emergency, we have to go see
5 the patient.

6 Q. My question is: Did you review
7 the records of psychiatric emergency room
8 that exist for a patient at the time that
9 you would examine the patient?

10 A. I do review the records, yes.

11 Q. So do you recall then that you
12 reviewed this nursing assessment?

13 A. I do not recall that, but I
14 usually review the records.

15 Q. So your habit and custom would
16 have been to review this form?

17 A. Yes.

18 Q. Doctor, on this form on the
19 first page it says, "circumstances
20 leading to admission." Do you see that
21 on the first page of that form,
22 circumstances leading to admission?

23 A. Yes.

24 Q. Actually, let's go up the line
25 before, "patient's chief complaint," do

1 L. ALDANA-BERNIER

2 you see that?

3 A. Yes.

4 Q. What did the nurse write there?

5 A. Denies.

6 Q. What does that mean, Doctor?

7 A. He didn't have any complaints
8 so he put denies.

9 Q. He had no complaints to make to
10 the nurse?

11 A. Yes.

12 Q. That's how you understood it
13 when you read it?

14 A. Yes.

15 Q. Under that, circumstances
16 leading to admission, do you see that?

17 A. Yes.

18 Q. What is B-I-B?

19 A. Brought in by.

20 Q. What else did you read when you
21 read this form?

22 A. "Brought in by NYPD after
23 client was deemed to be paranoid and
24 danger to himself by his police
25 sergeant."

1 L. ALDANA-BERNIER

2 Q. What does that mean, do you
3 know?

4 A. Means there is a report that he
5 was paranoid and he is a danger to
6 himself, a report made by his police
7 sergeant.

8 Q. So that record is indicating
9 that the police sergeant has reported
10 these things that you just read to
11 Jamaica Hospital, correct?

12 MR. KRETZ: Objection.

13 Q. The police sergeant is
14 reporting that by the police sergeant's
15 assessment, Mr. Schoolcraft is paranoid,
16 correct?

17 MR. KRETZ: Objection.

18 A. Yes.

19 Q. And the police officer is
20 reporting that the police officer
21 believed that Mr. Schoolcraft was a
22 danger to himself, correct?

23 MR. KRETZ: Objection.

24 A. Yes.

25 Q. Did you in your evaluation of

1 L. ALDANA-BERNIER

2 Mr. Schoolcraft rely on that note at all?

3 A. Did I rely only on this note?

4 Q. No, at all. Was it part of
5 your evaluation?

6 A. Not only this note.

7 Q. Was this note part of your
8 evaluation?

9 A. I read it.

10 Q. Did you use the information in
11 this note at all in your evaluation?

12 A. I read it. I read the
13 complaint. I read this note of the
14 nurse.

15 If you are going to ask me if
16 this was part of my decision to admit
17 him, no, not that alone.

18 Q. Was it part at all of your
19 decision?

20 A. I'm saying it's not that alone.

21 Q. I understand that. I'm asking
22 a very specific question.

23 Did it play a part at all in
24 your decision to admit Mr. Schoolcraft?

25 A. If I read that kind of

1 L. ALDANA-BERNIER

2 statement, I will have to see other
3 aspects that will make me decide for the
4 reason why I admitted the patient.

5 Q. You have to make your own
6 evaluation?

7 A. I have to see the patient,
8 access all of the notes of the resident,
9 and I have to see the patient and make my
10 assessment if the patient needs an
11 admission.

12 Q. Regardless of what notes you do
13 or don't read, you make your only final
14 assessment of what your opinion is
15 regarding what the patient needs?

16 A. It's not only me make that
17 decision, I will probably also will ask a
18 second opinion.

19 Q. I understand that you may ask a
20 second opinion, but do you form your own
21 independent opinion regarding your
22 assessment of your own patients?

23 MR. CALLAN: Objection.

24 Are you asking if she is not
25 considering all of the notes in the

1 L. ALDANA-BERNIER

2 chart?

3 MR. SUCKLE: No, I'm asking if
4 she makes her own independent
5 assessment of the patient regarding
6 this patient.

7 A. The totality of the notes.

8 Q. Is it solely based on the
9 notes?

10 A. Plus my assessment. Of course
11 I have to go see the patient.

12 Q. It's your assessment and the
13 notes that you use to form your opinion
14 regarding your evaluation of a patient,
15 correct?

16 A. Plus the second opinion, yes.

17 Q. Plus a second opinion?

18 A. Yes.

19 Q. Do you not form an opinion
20 until you get a second opinion?

21 A. That depends on the case. If
22 it's a case that I think needs a second
23 opinion, then I have to ask for a second
24 opinion.

25 Q. From your review of Mr.

1 L. ALDANA-BERNIER

2 Schoolcraft's records, did you form an
3 opinion before you got a second opinion
4 with regard to Mr. Schoolcraft?

5 A. No, I asked for a second
6 opinion.

7 Q. So you did not form an opinion
8 prior to any second opinion?

9 A. I have to ask the second
10 opinion at that time.

11 Q. Why was that?

12 A. Because he was a police
13 officer.

14 Q. Because he was a police
15 officer, you were unable to come to your
16 own opinion without getting a second
17 opinion; is that correct?

18 MR. CALLAN: Objection to form.

19 MR. RADOMISLI: Objection to
20 form.

21 A. No, but I think two heads are
22 better than one.

23 Q. Did you have an opinion before
24 the second opinion was rendered regarding
25 Mr. Schoolcraft?

1 L. ALDANA-BERNIER

2 A. My opinion was I think I needed
3 a second opinion so I asked for a second
4 opinion.

5 Q. Was that your only opinion
6 prior to the second opinion?

7 A. I think his case was something
8 that needed to be determined by two
9 doctors to see if he needed admission.

10 Q. So you agree that your opinion
11 alone you didn't think was sufficient for
12 admission of Mr. Schoolcraft to the
13 hospital?

14 A. Well, my opinion was that I
15 know he needed admission. I needed
16 someone to second my opinion.

17 Q. What was your opinion based on
18 that he needed admission?

19 A. In whole story about this case
20 when he had to barricade himself, he was
21 acting bizarre, that he was agitated in
22 the ER, and that because he was a police
23 officer and my fear if I discharged him
24 to society, that something -- if
25 something wrong might happen -- if I --

1 L. ALDANA-BERNIER
2 at that time in 2009, let's say if I
3 forward that thinking, I was trying to
4 prevent another case of navy yard
5 disaster, that's how I always think; that
6 I do not want a disaster happening when
7 I'm thinking about admitting a patient.

8 He is a police officer. He may
9 have access to guns even if they took all
10 his guns already. I think it's easier
11 for police officer to get access to gun.

12 Q. So the fact that he was a
13 police officer weighed heavily on your
14 decision to admit Mr. Schoolcraft?

15 MR. RADOMISLI: Objection.

16 MR. LEE: Objection.

17 MR. CALLAN: Objection to form
18 as well.

19 A. The fact he was a police
20 officer, bizarre, agitated, delusional is
21 the reason why I admitted him.

22 Q. You talked about having access
23 to guns.

24 A. Yes.

25 Q. How did that play into your

1 L. ALDANA-BERNIER

2 decision making?

3 A. He is a police officer.

4 Q. We still haven't gotten my
5 basic question answered.

6 Did you have an opinion before
7 the second opinion about whether or not
8 Mr. Schoolcraft needed to be admitted?

9 MR. CALLAN: Objection to form
10 of the question.

11 A. I did, yes.

12 Q. What was that opinion?

13 A. I was going to admit him, but I
14 had to get that second opinion to agree
15 to my decision.

16 Q. Keep that page open. Go down
17 to where it talks about skin contusion,
18 slash, laceration. Do you see that?

19 A. Yes.

20 Q. Did you read that when you read
21 that form?

22 A. Yes.

23 Q. What did you read when you read
24 that form, what does it say?

25 A. Purple and black and he circled

1 L. ALDANA-BERNIER

2 the area.

3 Q. Let's be clear, skin condition,
4 contusion, slash, laceration, and the box
5 yes is checked or X'd, correct?

6 A. Yes.

7 Q. So the nurse was observing
8 contusions on his body somewhere based on
9 that chart, correct?

10 A. Yes.

11 Q. Going down to the next line,
12 there is a description of those
13 contusions, correct?

14 A. Yes.

15 Q. And those contusions are purple
16 and black, correct?

17 A. [Indicating.]

18 Q. Correct?

19 A. Yes.

20 Q. And the nurse has now circled
21 both the front of both arms and the back
22 of both arms, correct?

23 A. Yes.

24 Q. So did you understand this to
25 mean that Mr. Schoolcraft had purple and

1 L. ALDANA-BERNIER

2 black contusions on the front and back of
3 both of his arms?

4 A. Yes.

5 Q. Do you know what that was from?

6 A. Possible from restraints, also
7 be possible from any fights he had.

8 Q. And the only restraints that
9 you were aware of that he was in, at
10 least reflected in the hospital record,
11 are handcuffs, correct?

12 A. That's correct.

13 Q. Taking the next page, the
14 second page of the nurse's assessment
15 form, do you see homicidal and suicidal,
16 do you see that at the bottom of that
17 form?

18 A. Yes.

19 Q. Ideations for homicidal, no,
20 correct?

21 A. That's correct.

22 Q. That was the nurse's assessment
23 at that time?

24 A. Yes.

25 Q. So the patient is in front of

1 L. ALDANA-BERNIER

2 nurse, the nurse is evaluating the
3 patient, and the nurse is making an
4 assessment, correct?

5 A. That's correct.

6 Q. Next to it, suicidal ideation,
7 no?

8 MR. LEE: Objection to form.

9 A. Correct.

10 Q. Suicidal ideations.

11 Again, the patient was in front
12 of the nurse and she made this
13 assessment, correct?

14 A. That's correct.

15 Q. Doctor, looking at the third
16 page of this form, this clinical risk
17 assessment, behavioral dyscontrol,
18 correct, what does that mean?

19 A. Out of control.

20 Q. And he was not required for any
21 restraints or seclusion, correct?

22 A. No.

23 Q. So as of the November 1st, at 9
24 a.m., there was no reason to restrain
25 this man, correct?

1 L. ALDANA-BERNIER

2 A. Correct.

3 Q. Looking at Jamaica Hospital
4 triage note from the nurse's note
5 10/31/09 at 23:03.

6 A. What date was that?

7 Q. October 31, 2009, Jamaica
8 Hospital triage, at 23:03 hours.

9 A. I have 11/1, 11/3.

10 MR. SUCKLE: May I help you?

11 Q. Looking at now Jamaica Hospital
12 triage note, 10/31/09, 23:03, did you
13 review this prior to your assessment of
14 Mr. Schoolcraft?

15 A. No, this is a medical chart.

16 Q. Did you know that somebody
17 reported to the triage nurse that Mr.
18 Schoolcraft was in police custody when he
19 came in?

20 A. Yes.

21 Q. Where did you get that from?

22 A. From the records.

23 Q. Did you also know that the
24 triage nurse suicide risk assessment was
25 no risk identified?

1 L. ALDANA-BERNIER

2 A. This is a record of the medical
3 ER so I did not see this one.

4 Q. You didn't know that?

5 A. I did not see that.

6 Q. What was Mr. Schoolcraft's
7 blood pressure when he came in to the
8 emergency room at October 31, 2009, at
9 23:03?

10 A. It was 139 over 80.

11 Q. Do you have an opinion with a
12 reasonable degree of medical certainty
13 what normal blood pressure is?

14 A. Normal blood pressure is 120
15 over 80, that's the normal blood
16 pressure.

17 Q. Was 139 over 80 within the
18 normal range?

19 A. The diastolic which is the
20 upper level, was a little bit elevated.

21 Q. Slightly elevated?

22 A. Slightly elevated.

23 Q. And the pulse was 115. Is that
24 within the normal range?

25 A. Yes, elevated.

1 L. ALDANA-BERNIER

2 Q. Slightly elevated, correct?

3 A. Elevated.

4 Q. There is a note on the chart
5 for pain scale. What was the pain scale?

6 A. Mild, 3 to 4.

7 Q. Do you know what that relates
8 to?

9 A. He came in with abdominal pain.
10 They must relate to abdominal pain.

11 Q. Do you know what the category
12 of urgency was assigned to Mr.
13 Schoolcraft?

14 A. The --

15 Q. The category where he was
16 placed by the triage nurse with regard to
17 how quick or not quick he should be seen?

18 A. Okay. The category is urgent
19 [indicating].

20 Q. What does that mean?

21 A. Urgent that he needs immediate
22 attention.

23 MR. CALLAN: Keep your voice up,
24 Doctor. Everybody around the table
25 has to hear.

1 L. ALDANA-BERNIER

2 Q. Doctor, just because we are
3 here, I don't want you to have to flip
4 through again, can you find where you
5 filled out the form for 9.39 of Mental
6 Hygiene Law.

7 You have turned to a page
8 called -- what is at the top of page,
9 "Emergency Admission Section 9.39"?

10 A. Yes.

11 Q. And you signed the bottom of
12 that form?

13 A. Yes.

14 Q. And you dated that form?

15 A. Yes.

16 Q. What did you date it?

17 A. 11/3/2009, 1:20 in the
18 afternoon.

19 Q. That's the time that you made
20 your evaluation that Mr. Schoolcraft
21 needed to be admitted?

22 A. Yes.

23 Q. That's the date and time?

24 A. Yes.

25 Q. The reason I bring this to your

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L. ALDANA-BERNIER

attention now, is there a place on that form to indicate when the patient was first admitted to the hospital?

A. 11/1, yes.

Q. And is there a time on there?

A. 23:03.

Q. In fact we have in front of us the triage note for when the patient was admitted, and in fact the time was 23:03, correct?

A. Yes.

Q. But the date was actually October 31st, 2009, correct?

A. That's correct.

Q. So your note regarding the date of admission was incorrect, correct?

A. That was the time that I was in the emergency room, 11/1.

Q. When you say "the emergency room," what are you referring to?

A. Our medical ER.

Q. So he was in the medical ER exactly at 23:03 as well as the triage exactly 23:03, one day later?

1 L. ALDANA-BERNIER

2 A. 11/1/2009, that is when he was
3 in our medical ER.

4 Q. Where did you get the time that
5 you put on the form we have in front of
6 us with regard to the Mental Hygiene Law,
7 the date of admission, where did you get
8 the time 23:03 from?

9 A. It was -- it had said the time
10 of arrival at the hospital.

11 Q. Isn't that the time that the
12 triage nurse first sees him?

13 A. The time the triage nurse saw
14 the patient.

15 Q. 23:03?

16 A. That was 10/31 though.

17 Q. So your form is incorrect when
18 it says November 1. It should have been
19 10/31, correct?

20 A. The patient came to the ER 12
21 -- one -- 12 midnight 23:03 -- 12 noon
22 that was -- 23:03, yeah, this is.

23 MR. CALLAN: Don't think out
24 loud, Doctor.

25 MR. SUCKLE: Don't interrupt her

1 L. ALDANA-BERNIER

2 answer.

3 MR. CALLAN: Sorry.

4 A. 11/1/2009 he was in the
5 emergency room.

6 Q. When you say "in the emergency
7 room," what does that mean?

8 A. When he arrived at the
9 emergency room, time of arrival to the
10 hospital.

11 Q. Isn't the time of arrival 23:03
12 on 10/31/09?

13 MR. CALLAN: Objection to the
14 form of the question.

15 A. It said here in the notes
16 10/31; however, when he came to the ER,
17 it was 11/1.

18 Q. What did the form ask you to
19 fill in there?

20 A. It's saying time of arrival at
21 the hospital.

22 Q. Were you trying to put in the
23 time of arrival at the hospital on that
24 form?

25 A. It's the time of the arrival at

1 L. ALDANA-BERNIER

2 the hospital.

3 Q. Can we agree that you put the
4 wrong date?

5 A. I probably put the wrong time
6 but 11/1 when he came to the emergency
7 room, the psych emergency room.

8 Q. I'm just trying to be clear,
9 your intent was to put in November 1st,
10 correct?

11 A. That's when he came to the
12 emergency room.

13 Q. And you got the time 23:03 from
14 where?

15 A. I do not remember if -- this
16 was a long time ago, 2009. I don't have
17 any recollection.

18 Q. You have in front of you the
19 triage notes which said he actually
20 arrived at the hospital at a time, 23:03,
21 correct?

22 A. Yes.

23 Q. So he was actually at the
24 hospital at the time that you wrote in
25 there, 23:03, correct?

1 L. ALDANA-BERNIER

2 A. That's when he was in the
3 hospital, yes.

4 Q. So you got the time right,
5 correct?

6 A. The time is right in here, yes.

7 Q. But you are not willing to say
8 that you simply made a mistake on the
9 date, correct?

10 MR. RADOMISLI: Objection to
11 form. You keep mixing up the hospital
12 from the psych emergency room.

13 MR. SUCKLE: I'm not mixing up.

14 MR. CALLAN: You are. You
15 question doesn't clarify whether she
16 was intending to put arrival at the
17 psych ER or arrival at the hospital.

18 I don't know where you were
19 going with this question. You are
20 going all over the place.

21 MR. SUCKLE: I'm not.

22 MR. CALLAN: You are. I object
23 to the question. I don't know what
24 you are asking her.

25 MR. SUCKLE: I'm asking her

1 L. ALDANA-BERNIER

2 anyway.

3 Could we have the question read
4 back.

5 MR. CALLAN: Which one of the 20
6 questions you have asked?

7 MR. SUCKLE: Counselor, would
8 you like to have your show now? Go
9 ahead.

10 Can I have the question --

11 MR. CALLAN: I will like to have
12 a clear record.

13 MR. SUCKLE: I would too,
14 unfortunately, I have a witness that
15 doesn't want to seem to give me a
16 clear answer.

17 MR. CALLAN: Well, it's hard
18 when you don't ask a question that's
19 clear.

20 MR. SUCKLE: It's a tough job.
21 I'm learning as I'm going.

22 MR. SHAFFER: So I'm not the
23 only inexperienced person in the room.

24 MR. SUCKLE: You'll have to
25 excuse my inability to ask a question.

1 L. ALDANA-BERNIER

2 By next year maybe I'll be able
3 to.

4 Q. Can you tell me where you got
5 the time 23:03 from that you wrote in the
6 record?

7 MR. CALLAN: That she wrote
8 where in the record, Counsel?

9 A. I know I got the date from the
10 time that he was transferred to the
11 medical ER.

12 Q. Where did you get the time that
13 you wrote on the same form?

14 A. I have to go back to 2009. I
15 cannot remember.

16 Q. Why didn't you write the date
17 that he arrived at the hospital on the
18 form that you have in front of you which
19 is the Mental Hygiene Law 9.39 form, why
20 didn't you write the time that he arrived
21 at the hospital?

22 A. Because there is a 9.39 in the
23 psych emergency room so I have to write
24 the time when he was in the psych
25 emergency room.

1 L. ALDANA-BERNIER

2 Q. Does the form ask you for the
3 date of arrival at the hospital?

4 A. The date said in here time of
5 arrival at the hospital, but we do not
6 use this in the medical ER. We use it in
7 the psych ER. So that is time he came --
8 that is the date he came to the psych ER.

9 Q. What time did he arrive at the
10 psych ER?

11 A. He came to the psych ER 12
12 noon.

13 Q. When you wrote that he arrived
14 at 23:03, that was incorrect?

15 A. He came in at 12 noon.

16 Q. So it was incorrect when you
17 wrote 23:03 as the time that he arrived?

18 A. 12 p.m. I was checking -- on
19 the record over here it says 23:03 he
20 came so that's where I probably got my
21 time. But then he came in on 11/1/2009.

22 Q. What date did Mr. Schoolcraft
23 arrive at Jamaica Hospital?

24 A. 10/31.

25 Q. You signed that form on

1 L. ALDANA-BERNIER

2 November 3rd?

3 A. November 1st -- I signed on
4 November 3rd, yes.

5 Q. So you did your evaluation on
6 November 3rd; am I correct?

7 A. That was when he was admitted,
8 November 3rd, so that's when he went
9 upstairs.

10 Q. When did you do your
11 evaluation?

12 A. That was on the 2nd.

13 Q. Is there a note of your
14 evaluation?

15 A. I have in here saying that I
16 have agreed with the above evaluation of
17 the resident.

18 Q. When did you make that note?

19 A. That was on the 2nd.

20 Q. Which residents were you
21 agreeing with?

22 A. Dr. Tariq and Dr. Slowik.

23 Q. So you agreed that he showed no
24 suicidal ideations, correct?

25 A. Yes.

1 L. ALDANA-BERNIER

2 Q. And you agreed that he showed
3 no homicidal ideations, correct?

4 A. That's correct.

5 Q. And you agree that he showed
6 that he was calm?

7 MR. CALLAN: We have already
8 been down this road before, Counsel.
9 We have gone through every single one
10 of these questions.

11 MR. SUCKLE: No.

12 MR. CALLAN: Asked and answered.

13 MR. SUCKLE: She adopted those
14 as hers. I'm asking.

15 MR. CALLAN: No. She hasn't
16 said anything different than she said
17 the last time.

18 MR. SUCKLE: You know me, I'm --

19 MR. CALLAN: I object to the
20 repetitions nature of the question.

21 Q. You agreed when you evaluated
22 him he was calm?

23 A. I agreed to the above notes.

24 Q. Did you agree that he was not
25 agitated?

1 L. ALDANA-BERNIER

2 A. I agreed he was calm.

3 Q. And not agitated?

4 A. That he was not agitated at the
5 time of the interview.

6 Q. And you interviewed him when he
7 was in front of you?

8 A. I saw him.

9 Q. That's when you made your
10 assessment, correct, when he was in front
11 of you?

12 A. Yes.

13 THE WITNESS: Can I --

14 MR. CALLAN: You can finish your
15 answer.

16 You're cutting her off, and she
17 can finish her answer.

18 Finish your answer, Doctor.

19 MR. SUCKLE: Stop making
20 speeches.

21 MR. CALLAN: You're the one
22 making speeches, cutting her off from
23 giving her answer.

24 MR. SUCKLE: How am I cutting
25 anyone off?

1 L. ALDANA-BERNIER

2 MR. CALLAN: Did you finish your
3 answer, or do you have more to say?

4 THE WITNESS: Yes. I was trying
5 to say that I agreed that he was calm,
6 but it was not only the decision that
7 you have to make or the decision that
8 I made. I was looking at all factors
9 that brought him to the hospital.

10 Q. So you were told about what
11 happened in his apartment?

12 A. Everything, yes.

13 Q. And you were considering what
14 you were told by the police when they
15 arrived in the hospital, correct?

16 A. That's correct.

17 Q. And do you know who Sergeant
18 James is?

19 A. No, I don't.

20 Q. Did you ever speak to Sergeant
21 James?

22 A. No, I don't -- I did not.

23 Q. Did you ever see any reference
24 to Sergeant James providing any
25 information that was recorded in the

1 L. ALDANA-BERNIER

2 hospital record?

3 A. It's in the record.

4 Q. In that context you know of
5 Sergeant James because his name appears
6 in the record, correct?

7 A. That's correct.

8 Q. And you know some of the things
9 about the history about what took place
10 in the apartment came from Sergeant
11 James?

12 A. That's what in the record.

13 Q. When this patient was in front
14 of you, he was not in need of restraints,
15 correct?

16 A. That's correct.

17 Q. And when he was in front of
18 you, he was not exhibiting any of the
19 behaviors that would lead you to believe
20 he was homicidal?

21 A. That's correct.

22 Q. And he was leading you to --
23 not exhibiting any of the behaviors that
24 would lead you to believe he was
25 suicidal, correct?

1 L. ALDANA-BERNIER

2 A. That's correct.

3 Q. He was not trying to hurt
4 himself, correct?

5 A. That's correct.

6 Q. In front of you, he wasn't
7 acting bizarre, correct?

8 A. That's correct but he was
9 paranoid.

10 Q. And the paranoia was that the
11 sergeant told you they weren't trying to
12 get him as he was saying, correct?

13 MR. LEE: Objection to form.

14 A. That he was the one that said
15 that there was a possible conspiracy
16 against him, that the officers -- that
17 there is this problem between him and his
18 supervisor, okay, so....

19 Q. So in front of you, that
20 paranoia is what he exhibited, correct?

21 A. That's a form of psychosis,
22 yes, paranoia.

23 Q. Any other psychiatric behavior
24 or psychosis that he exhibited in front
25 of you other than being paranoid?

1 L. ALDANA-BERNIER

2 A. At that point in time?

3 Q. Yes.

4 A. There was nothing else.

5 Q. Let's look at your note of
6 November 2nd, 2009. What did you write?

7 A. He was still complaining of
8 pain in area of his right and left wrist.
9 "States it was numb for two hours
10 yesterday. Bruise was noted in the left
11 inner aspect of arm and minimal area of
12 bruise inner aspect of the right arm."

13 Q. Why did you write those things
14 down?

15 A. Because then he showed it to me
16 so I have to write them.

17 Q. Did you do a physical
18 examination of him?

19 A. He showed it to me. That's a
20 physical exam.

21 Q. And you thought it was
22 important to write down whatever symptoms
23 or manifestations of some problems he was
24 having, you thought it was important to
25 write down, correct?

1 L. ALDANA-BERNIER

2 A. Yes.

3 Q. Did you write down all of the
4 things that he was exhibiting, physical
5 problems he was having in your presence?

6 A. I wrote, but he said that this
7 is a setup; he would like a lawyer; and
8 that internal affairs would like to
9 interview him and he agreed.

10 He was made aware that he was
11 going upstairs and -- but he wanted to go
12 home; however, I wrote, "agreed with the
13 notes above of the resident."

14 Q. So let's go back through this.

15 You said he wanted a lawyer.

16 He said that to you?

17 A. Yes.

18 Q. Did you do anything to help him
19 get a lawyer?

20 A. The lawyers -- usually they get
21 the lawyer when they go upstairs in the
22 inpatient unit.

23 Q. When you say "usually"?

24 A. They were entitled to -- they
25 have legal representation when they go

1 L. ALDANA-BERNIER

2 upstairs in the inpatient unit.

3 Q. How does a patient know they
4 were entitled to a lawyer when they go
5 upstairs?

6 A. It's posted on the wall.

7 Q. It's posted on the wall?

8 A. Yes.

9 Q. Is there anything else that the
10 hospital did to advise him of his right
11 to have a lawyer?

12 MR. RADOMISLI: Objection to
13 form.

14 MR. CALLAN: I join in the
15 objection, but you can answer.

16 A. You are asking me if the
17 hospital has anything? It's posted on
18 the wall. I think that's part of
19 hospital being able to make the patient
20 aware they have legal representation.

21 Q. Did you give him any papers
22 that indicated that he can make a phone
23 call to somebody to get help?

24 A. There are free phone calls.
25 Phones are on the walls. They are free

1 L. ALDANA-BERNIER

2 to call if they want to call.

3 Q. Did you give him any paperwork
4 there was a telephone number if he needed
5 help?

6 A. We don't have papers.

7 Q. So you didn't give him any
8 papers?

9 A. Not in the emergency room, no.

10 Q. You didn't hand him any papers,
11 did you?

12 A. No, I didn't hand him anything.

13 Q. You didn't ask him to sign any
14 papers, did you?

15 A. No, I did not.

16 MR. SUCKLE: Counsel, please
17 hold on. Counsel, don't put papers in
18 front of the Witness while I'm asking
19 her questions.

20 MR. CALLAN: You are having her
21 looking at the chart.

22 MR. RADOMISLI: She is allowed
23 to go through the chart.

24 MR. SUCKLE: I didn't stop her
25 from doing anything.

1 L. ALDANA-BERNIER

2 Please don't put papers in front
3 of the Witness so she can answer the
4 question the way you want her to.

5 MR. CALLAN: You're referring to
6 a piece of paper that's in the chart?

7 Aren't you trying to find out
8 what happened, Counsel?

9 MR. SUCKLE: Can you not put a
10 piece of paper in front of her again?

11 Did you do that?

12 MR. CALLAN: Is it in the chart?

13 MR. SUCKLE: Did you put a piece
14 of paper in front of her?

15 MR. CALLAN: Yeah.

16 MR. SUCKLE: Please don't do
17 that while I'm questioning.

18 MR. CALLAN: Your cocounsel has
19 been handing her the same paper all
20 morning from the chart.

21 MR. SUCKLE: You have a chance
22 to ask her whatever questions you
23 want.

24 MR. CALLAN: You are being quite
25 disingenuous when you're questioning a

1 L. ALDANA-BERNIER

2 Witness about a piece of paper you
3 know is in the chart regarding --

4 MR. SUCKLE: Keep talking on the
5 record and the sanction motion will be
6 --

7 MR. CALLAN: I can't wait to see
8 your sanction motion --

9 MR. SUCKLE: Keep talking.

10 MR. CALLAN: When the Court sees
11 another seven-hour deposition about
12 one chart entry.

13 MR. SUCKLE: Keep going.

14 MR. CALLAN: Which has been
15 basically the pattern in this case.

16 MR. SUCKLE: You don't think
17 Judge Sweet cares what you're talking
18 about?

19 MR. SHAFFER: Call him and find
20 out instead of arguing.

21 MR. CALLAN: Unlike you, I don't
22 choose to look into Judge Sweet's mind
23 how he views this deposition. I will
24 let the record speak for itself.

25 MR. SMITH: The record should

1 L. ALDANA-BERNIER

2 reflect you tried to show the Witness
3 a document which is the form she
4 filled out that contains, among other
5 things, a list of that you fully
6 know --

7 MR. CALLAN: Let's identify the
8 record.

9 THE WITNESS: I'm sorry.

10 MR. SMITH: Let's mark the
11 document you tried to show the Witness
12 while she was in the middle of
13 answering the question. Let's do that
14 okay. Come on.

15 MR. CALLAN: Counsel for the
16 hospital --

17 MR. SMITH: I would like to have
18 the court reporter mark this document.

19 MR. RADOMISLI: This is my copy.
20 There is one in the chart.

21 MR. SMITH: Show me what it was
22 you were trying to show the Witness.

23 MR. RADOMISLI: I didn't show
24 anything to the Witness.

25 MR. SMITH: I'm talking to the

1 L. ALDANA-BERNIER

2 Witness's lawyer.

3 I would like to see the document
4 is handed to the Witness while she was
5 answering a question.

6 Are you going to show me the
7 document or not or do I assume the
8 record speaks for itself?

9 MR. CALLAN: Make a motion,
10 Counsel, all right?

11 MR. SMITH: So the record is
12 clear that I'm asking for the piece of
13 paper, Counsel is not giving it to me.
14 I saw it. I know exactly what it was.

15 MR. CALLAN: I don't have the
16 piece of paper. You can look through
17 the chart to see if there is a piece
18 of paper relating to Counsel and what
19 is routinely told concerning --

20 Q. When a patient comes into the
21 hospital, was Mr. Schoolcraft required to
22 give his clothes up, to get out of his
23 clothes?

24 A. Give his clothes?

25 Q. Was he required to take off his

1 L. ALDANA-BERNIER

2 clothes when he came into the hospital?

3 A. Yes, he has to wear hospital
4 gown.

5 Q. So Mr. Schoolcraft when he was
6 brought in in handcuffs, did he have to
7 remove his pants?

8 A. Yes.

9 Q. Did he have to remove his
10 shirt?

11 A. Yes, has to be in a hospital
12 gown.

13 Q. Did he have to remove his
14 socks?

15 A. Yes.

16 Q. Did he have to remove his
17 underwear?

18 A. Yes.

19 Q. Did he have to turn over his
20 money?

21 A. Yes, they put in the safe.

22 Q. Did he have to turn over his
23 cell phone?

24 A. Yes.

25 Q. Did he have to turn over all of

1 L. ALDANA-BERNIER

2 his personal belonging to Jamaica
3 Hospital?

4 MR. RADOMISLI: Objection to
5 form.

6 MR. CALLAN: Objection to form
7 too.

8 Are you saying for safekeeping
9 or asking --

10 MR. SUCKLE: I asked the
11 question, Counselor. I think it's
12 pretty clear.

13 Q. Did he have to turn over his
14 personal belongings on his body to
15 Jamaica Hospital?

16 MR. RADOMISLI: Objection.

17 MR. CALLAN: Objection.

18 A. When they come into the
19 hospital, they usually tell them to
20 undress and then they put all of their
21 belonging to the safe and put a hospital
22 gown on.

23 Q. When you say "they," what do
24 you mean?

25 A. The nurses tell the patients.

1 L. ALDANA-BERNIER

2 Q. Who is they, when they have to
3 do something?

4 A. They will, the nurses will ask
5 the patient to take off their clothes and
6 surrender their belonging to the nurse so
7 they can put their belongings to the
8 safe.

9 Q. What is it Mr. Schoolcraft was
10 given to wear after he had to give his
11 clothes to Jamaica Hospital?

12 MR. RADOMISLI: Objection to
13 form.

14 A. Can you clarify?

15 Q. What is it, if anything, he was
16 wearing after he gave his clothes to
17 Jamaica Hospital?

18 A. This is asked of every patient
19 to give their belongs because then they
20 check them.

21 Q. I understand.

22 What was Mr. Schoolcraft
23 wearing, if anything, after he gave his
24 clothes to Jamaica Hospital?

25 MR. RADOMISLI: Objection to

1 L. ALDANA-BERNIER

2 form.

3 A. If anything, he would have been
4 searched in the medical ER. Then they
5 have to put him in a hospital gown.

6 And these items would have been
7 transferred with the patient to the psych
8 ER so that they can go to the safe.

9 Q. You talked about the search.
10 What is the search?

11 A. They search every patient to
12 make sure no contraband.

13 Q. When you say "search," did they
14 do a cavity search?

15 A. No, just take off the clothes,
16 make sure they are not carrying anything
17 like weapons, knives, anything they are
18 hiding in their socks or on their bodies.

19 Q. So they have to be completely
20 naked and observed to see they have no
21 weapons, to see they have to weapons,
22 correct?

23 A. They have to take off
24 everything, yes.

25 Q. Is this observation done by a

1 L. ALDANA-BERNIER

2 doctor, a nurse, somebody else?

3 A. Done by a nurse.

4 Q. Was that process done by Mr.

5 Schoolcraft with a woman, a male, do you
6 know?

7 A. This I wouldn't know. I wasn't
8 there.

9 Q. Was he handcuffed while that
10 was going on?

11 A. That I don't know because I was
12 wasn't there.

13 Q. Did they look in his mouth?

14 MR. CALLAN: She said she wasn't
15 there. Objection.

16 Are you asking about routine
17 searches or about this search? She
18 wasn't there for this search, Counsel.

19 Q. Does the search include looking
20 into Mr. Schoolcraft's mouth?

21 MR. CALLAN: Objection to the
22 form of the question.

23 A. I don't know because I wasn't
24 there.

25 Q. Have you been present for these

1 L. ALDANA-BERNIER

2 searches when they are done? Have you
3 ever been present for the search when
4 they were done?

5 A. It's been done by a nurse and
6 the security officers of the hospital.

7 Q. So the security officer and the
8 nurses do the search?

9 A. Yes.

10 Q. And the security officer, what
11 is the medical training, if any, of a
12 security officer?

13 MR. RADOMISLI: Objection.

14 MR. CALLAN: I join in the
15 objection.

16 Q. If you know? Is it a
17 nonmedical person?

18 A. He was part of team. He is
19 nonmedical, but he is part of team.

20 Q. So we have the nurse, the
21 security guard, Mr. Schoolcraft standing
22 naked and being examined --

23 MR. CALLAN: Objection.

24 Q. -- is that the process?

25 MR. CALLAN: She said she wasn't

1 L. ALDANA-BERNIER

2 there.

3 Is there a process?

4 Q. Is that the process that Mr.
5 Schoolcraft went through?

6 A. That I don't know. I wasn't
7 there.

8 MR. RADOMISLI: Objection.

9 Q. Do you understand that to be
10 the process whereby all patients are
11 asked to take their clothes off and they
12 are examined by a nurse and security
13 officer --

14 MR. RADOMISLI: Objection.

15 Q. -- in the emergency room. Is
16 that your understanding?

17 A. Every patient goes through
18 this.

19 Q. The answer is yes? Is the
20 answer yes?

21 A. Yes.

22 Q. When you wrote your note on
23 November 2nd, 2009, Mr. Schoolcraft told
24 you he wanted to go home, correct?

25 A. Yes.

1 L. ALDANA-BERNIER

2 Q. Was he free to go home?

3 A. Not at the time. I don't think
4 he was ready to go home.

5 Q. How long had Mr. Schoolcraft
6 been in the hospital as of the time that
7 you wrote your note on November 2nd,
8 2009?

9 MR. RADOMISLI: Objection to the
10 form.

11 Q. Do you know how long he had
12 been at the hospital?

13 MR. RADOMISLI: Objection to the
14 form.

15 MR. CALLAN: I join in the
16 objection.

17 MR. LEE: Read that back.

18 [The requested portion of the
19 record was read.]

20 A. Are you asking for the total
21 number of days he was in Jamaica Hospital
22 or --

23 Q. When you wrote your note on
24 November 2nd, 2009, he had already been
25 in the hospital for three days?

1 L. ALDANA-BERNIER

2 MR. RADOMISLI: Objection to
3 form.

4 Q. He came in October 31st at
5 23:03, and now it's November 2nd at three
6 o'clock in the afternoon, 3:10, correct?

7 A. Then he was admitted upstairs
8 to 11/6.

9 Q. When you wrote your note, he
10 had already been there two days?

11 MR. RADOMISLI: Objection.

12 KRETZ: Objection.

13 MR. CALLAN: You can answer,
14 Doctor, if you know.

15 MR. KRETZ: Less than two days.

16 A. November 2nd -- 31. He was
17 there -- he came on the 1st. I was
18 there, one, two days.

19 Q. And Doctor, when did you write,
20 fill out of the form that you signed with
21 regard to the mental hygiene --

22 MR. CALLAN: Asked and answered.

23 Q. The next day?

24 MR. CALLAN: She said November
25 3rd. Asked and answered.

1 L. ALDANA-BERNIER

2 A. It was the next day, yes.

3 Q. Why did you wait till the next
4 day to fill out that form?

5 A. That's when he was going
6 upstairs to the inpatient unit.

7 Q. Where was he from November 2nd,
8 at 3:10 until he went upstairs?

9 A. He was in the psych ER.

10 Q. Why did he stay in the psych ER
11 after you saw him on November 2nd, 2009?

12 A. Why did he stay in the psych
13 ER? I do not know what happened in 2009.
14 Maybe there were no beds available, I
15 have to let him wait in the emergency
16 room.

17 Q. Did you do your mental status
18 examination of Mr. Schoolcraft on
19 November 2nd, 2009, November 3rd, 2009
20 2009, or some other date?

21 A. It was on November 2nd.

22 Q. When you did your mental status
23 examination of Mr. Schoolcraft, did you
24 make -- let's go back.

25 Did you take a history of Mr.

1 L. ALDANA-BERNIER

2 Schoolcraft?

3 A. I spoke to Mr. Schoolcraft, and
4 I did take a history on him.

5 Q. Did you write that history
6 down?

7 A. No, because I did agree with
8 the notes of the resident.

9 Q. Did you make a note of what Mr.
10 Schoolcraft told you regarding his
11 history?

12 A. It's -- all of the notes was in
13 the resident notes.

14 Q. And did you do a mental status
15 examination of Mr. Schoolcraft in your
16 presence?

17 A. I did a mental status exam, and
18 I agreed to the notes of the resident.

19 Q. Am I correct other than the
20 November 2nd, 2009 note, and the November
21 3rd 2009 mental hygiene form that you
22 filled out, you make no other notes in
23 this chart?

24 MR. RADOMISLI: Objection to
25 form.

1 L. ALDANA-BERNIER

2 Q. Am I correct?

3 MR. RADOMISLI: Objection to
4 form.

5 A. That's correct.

6 Q. So the residents had evaluated
7 him and made notes, correct?

8 A. Yes.

9 Q. And you were the director of
10 the emergency room, correct?

11 A. Correct.

12 Q. And you had this patient in
13 front of you, correct?

14 A. Yes.

15 Q. And you had the wherewithal,
16 you had the chart in front of you,
17 correct, when you saw the patient?

18 A. That's correct.

19 Q. And you had the ability and did
20 in fact make notes in the chart, correct?

21 A. That's correct.

22 Q. Just so we are clear: You did
23 not make any independent notes regarding
24 your own findings during your
25 examination, correct?

1 L. ALDANA-BERNIER

2 A. That's correct. I agreed with
3 the notes of the resident.

4 Q. Doctor, do you believe not
5 making any notes regarding your
6 examination and findings with regard to
7 Mr. Schoolcraft was in the bounds of good
8 and accepted medical practice?

9 A. I have the residents that saw
10 that patient and I agreed with their
11 notes so that is my -- the agreement with
12 regards to the notes of the residents
13 since I agreed with the above, I
14 considered that as my notes.

15 Q. I understand when you say you
16 considered it.

17 The question is: Does good and
18 accepted medical practice require you to
19 make your own notes regarding your
20 examination and assessment of the
21 patient?

22 MR. CALLAN: Objection to the
23 form of the question.

24 You can answer.

25 A. If I'm agreeing with notes of

1 L. ALDANA-BERNIER

2 the resident, then I do not have to write
3 notes because I agree with the notes of
4 the both residents from the first day
5 that he came and the second note of Dr.
6 Slowik.

7 Q. Was Mr. Schoolcraft oriented to
8 time?

9 A. Yes.

10 Q. Place?

11 A. Yes.

12 Q. He was oriented to time/space?

13 A. Yes.

14 Q. In your presence, correct?

15 A. Yes.

16 Q. His speech was normal, correct?

17 A. That's correct.

18 Q. He did not appear to be
19 suffering from delusions in your
20 presence, correct?

21 A. He was paranoid.

22 Q. But that's that delusions,
23 correct?

24 A. Persecutory delusions.

25 Q. He wasn't seeing things, was

1 L. ALDANA-BERNIER

2 he?

3 A. That's hallucinations, no.

4 Q. He wasn't hallucinating, was

5 he?

6 A. No.

7 Q. How about his cognitive
8 functioning, that was normal, correct?

9 A. Yes.

10 MR. RADOMISLI: Off the record.

11 [Discussion held off the
12 record.]

13 MR. SMITH: It's 3:34. Off the
14 record.

15 [Whereupon, at 3:34 p.m., a
16 recess was taken.]

17 [Whereupon, at 3:49 p.m., the
18 testimony continued.]

19 MR. SMITH: Back on the record
20 3:49 p.m.

21 Q. Doctor, the paranoia that you
22 diagnosed Mr. Schoolcraft with, how was
23 he manifesting that?

24 A. By him saying that there was a
25 conspiracy against him.

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2 Q. Any other way that he was
3 manifesting besides that?

4 A. He believed he was being
5 persecuted by his superiors, coworkers,
6 superiors, that's the main -- that's the
7 conspiracy.

8 MR. CALLAN: You have to keep
9 your voice up.

10 Q. So it was this conspiracy
11 theory in his head that you thought was
12 the --

13 MR. SUCKLE: Withdrawn.

14 Q. It was the conspiracy that was
15 the basis of your opinion that he was
16 paranoid, correct?

17 A. Yes.

18 Q. And how did that manifest
19 itself, if at all: in a threat to his
20 own physical harm?

21 A. If I look at him as being a
22 police officer talking about this
23 conspiracy theory and then I'm thinking
24 that he has access to weapons, then I
25 would think that I should think twice and

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2 be cautious that he could be a danger to
3 himself or to others.

4 Q. Is that the entirety of the
5 reason that you came to the opinion he
6 was a danger to himself and others?

7 MR. CALLAN: Objection to form.

8 MR. LEE: Objection to form.

9 A. The fact that he had to be
10 brought in from his house where he
11 barricaded himself and he had to be taken
12 away and he was bizarre and agitated at
13 the time when he was brought in from his
14 home, I think those are all the factors
15 that you have to take in consideration
16 because then I am trying to -- the reason
17 why I kept him is because I'm trying to
18 prevent a disaster.

19 MR. SMITH: I'm sorry what was
20 the last part?

21 [The requested portion of the
22 record was read.]

23 Q. Prevent a disaster to whom?

24 A. Obviously, if you hear all of
25 the stories about the Navy yard disaster,

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2 the Range Rover disaster with cops. If
3 you try to fast forward with an
4 individual. I'm trying to prevent things
5 that will happened.

6 As an emergency room doctor,
7 you always have to think of all of the
8 factors that will make a person a danger
9 to others like presence of weapons, does
10 he have accessibility to weapons and he
11 was paranoid.

12 At the time I was thinking that
13 maybe he was really a danger to himself.

14 Q. So a paranoid person,
15 accessible to weapons, made him a danger
16 to himself and others?

17 A. Plus the other information that
18 we got when they went to his house: They
19 have to take him out from his house; he
20 was barricaded in his house; and he was
21 agitated at the time when he was in the
22 emergency room.

23 You have to take all of those
24 into consideration and find out why was
25 he behaving this way. You cannot see

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2 that kind of behavior in just one day.

3 You have to observe the patient.

4 Q. By the time that you wrote your
5 note on the 3rd, he had now been there
6 for two and a half, three days, correct?

7 MR. RADOMISLI: Objection to the
8 form.

9 Been where?

10 MR. SUCKLE: At Jamaica
11 Hospital.

12 A. He was in the emergency room
13 then. I made my decision at the time
14 that I saw him that he needed to be
15 admitted.

16 Q. But he wasn't exhibiting
17 anything other than the paranoia when you
18 saw him, he didn't exhibit any of that,
19 correct: The things you just described
20 as agitation or the barricading, that was
21 not in your presence, correct?

22 A. No. He was paranoid. He said
23 all of the stories that maybe there was a
24 conspiracy against him.

25 Q. But he wasn't agitated or

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2 barricading himself in your presence,
3 right?

4 A. At that moment but then you
5 have to consider -- at that moment when
6 you make your decision, you also have to
7 consider all of the other factors.

8 Q. Why didn't you read the medical
9 record from the medical emergency room?

10 A. Because the medical record
11 doesn't come to our psych ER.

12 Q. Did you speak to any of the
13 police officers that brought him to the
14 hospital?

15 A. I do not have any recollection.
16 I do not remember.

17 Q. Did you speak to any police
18 officer at all at any time regarding Mr.
19 Schoolcraft?

20 A. I do not remember.

21 Q. Did you speak to Dr. Lamstein?
22 MR. SMITH: L-A-M-S-T-E-I-N.

23 A. No.

24 Q. Did you tell Dr. Lamstein
25 that --