

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

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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 a 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 if 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

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

MR. LEE: Objection to form.

A. Correct.

Q. No homicidal ideations, correct?

A. Correct.

Q. And no hallucinations, correct?

A. Correct.

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

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

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

A. Yes.

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

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

Q. At the time that Dr. Tariq evaluated him, the patient was not 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

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L. ALDANA-BERNIER

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

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

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

A. Yes.

Q. Who is that by?

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

Q. Are you able to read that note?

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 Patient remains calm, withdrawn,  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

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

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

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

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

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

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

Q. Assess and admit, what does that mean?

A. An assessment to admit.

Q. What does assessment mean?

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

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

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

MR. SUCKLE: [Handing.]

MR. LEE: Thank you.

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

1 L. ALDANA-BERNIER

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

5 A. 11/1, yes.

6 Q. And is there a time on there?

7 A. 23:03.

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

12 A. Yes.

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

15 A. That's correct.

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

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

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

22 A. Our medical ER.

23 Q. So he was in the medical ER  
24 exactly at 23:03 as well as the triage  
25 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.

1 L. ALDANA-BERNIER

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



1 L. ALDANA-BERNIER

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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L. ALDANA-BERNIER

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

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

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

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

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

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

1 L. ALDANA-BERNIER  
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

1 L. ALDANA-BERNIER

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 --